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Idaho State UNIVERSITY

Mid-Cycle Review

August 16, 2017

Contents

Part I: Overview of Institutional Assessment Plan

1. Describe/explain the process of assessing mission fulfillment. Who is involved in the assessment? Is the Board of Trustees involved?

Establishing a Strategic Framework

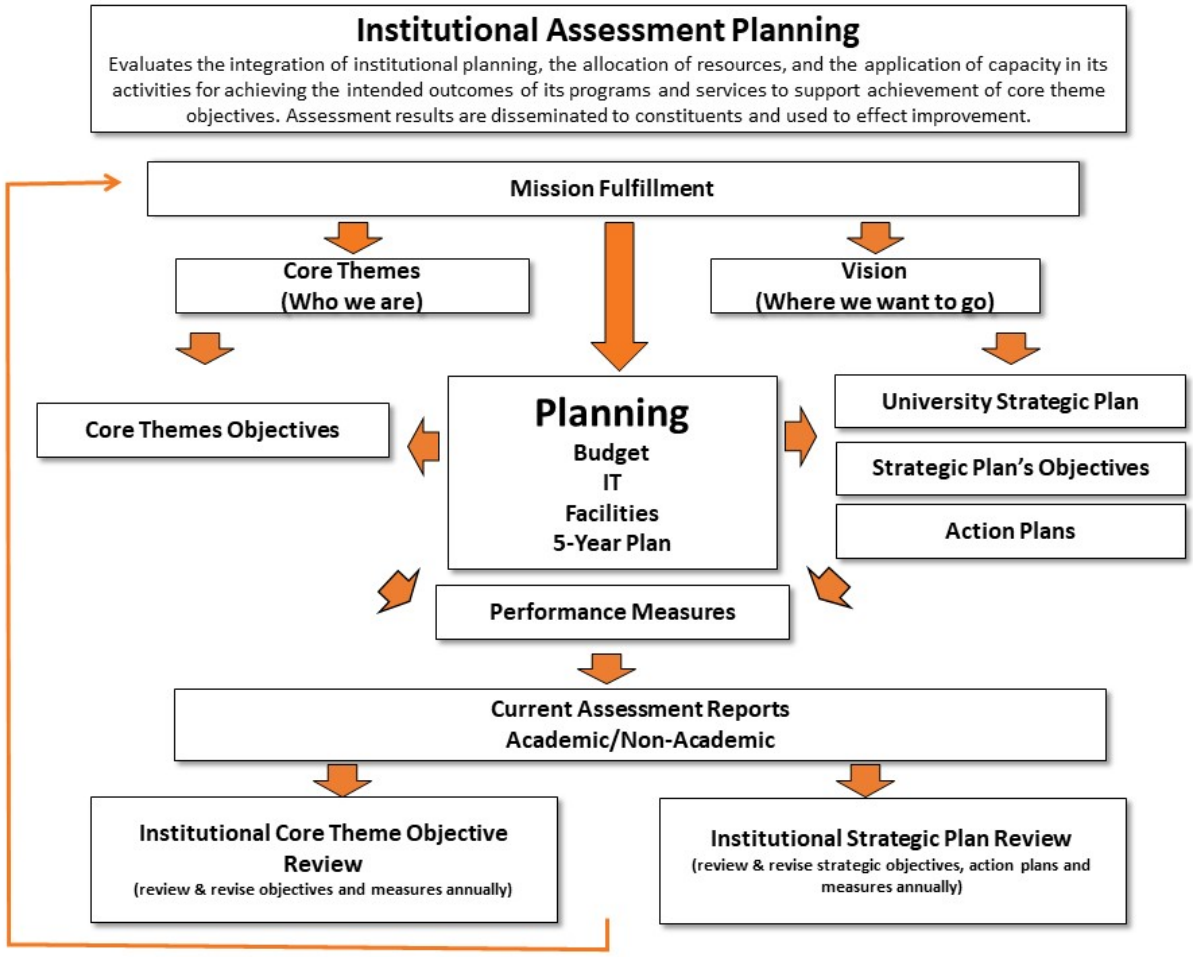
Since Idaho State University's (ISU) 2014 Year Seven Self-Evaluation, the Institution's leadership has focused on effectively aligning planning and assessment. A primary emphasis that assisted with the transition was the creation and evolution of the Institutional Effectiveness and Assessment Council (IEAC), which is led by a Steering Committee and eight subcommittees. The IEAC Steering Committee and the eight subcommittees are comprised of diverse groups of university stakeholders represented by academic and non-academic staff, faculty and students who are charged with overseeing the organizational framework for integrating institutional effectiveness into the fabric of the Institution. The four Core Theme Subcommittees are each chaired by a Vice President who leads a diverse committee responsible for ensuring the core theme objectives and indicatros remain accurate, relevant, and on target for meeting the benchmarks. Between September 2015 and March 2017, the IEAC facilitated the revision of ISU's mission, vision, four core themes, and created a new strategic plan, and assessment plan. As part of the comprehensive, inclusive, and transparent process, the Steering Committee also adopted a new methodology for evaluating ISU's mission fulfillment, as well as reviewed and made recommendations on information technology and facility projects and the budget.

Defining Mission Fulfillment

Establishing the Process

Mission fulfillment focuses on the extent to which ISU accomplishes our mission and core themes. Mission fulfillment continually evolves and is never truly achieved because as core theme objectives are reached, they are replaced, or their benchmarks are reset at a higher level. This contrasts with the strategic plan goals that are relatively short-term achievements and vision oriented. Mission fulfillment and the strategic plan drive decision-making at all levels at ISU and are the basis for academic and non-academic units use in aligning their planning efforts. ISU has worked to clarify this important distinction between mission fulfillment and strategic planning. We see our mission and core themes and their assessment as the essential health of the Institution, and strategic planning and assessment as enhancements to our mission and core themes. While different, they do compliment and support each other. This chart depicts the process.

Figure 1. Mission Fulfillment Assessment



The IEAC is responsible for measuring the effectiveness of the implementation of ISU's four core themes and their overall alignment to the Institution's mission, which demonstrates mission fulfillment. To measure mission fulfillment, the IEAC evaluates multiple core theme objectives using performance measures.

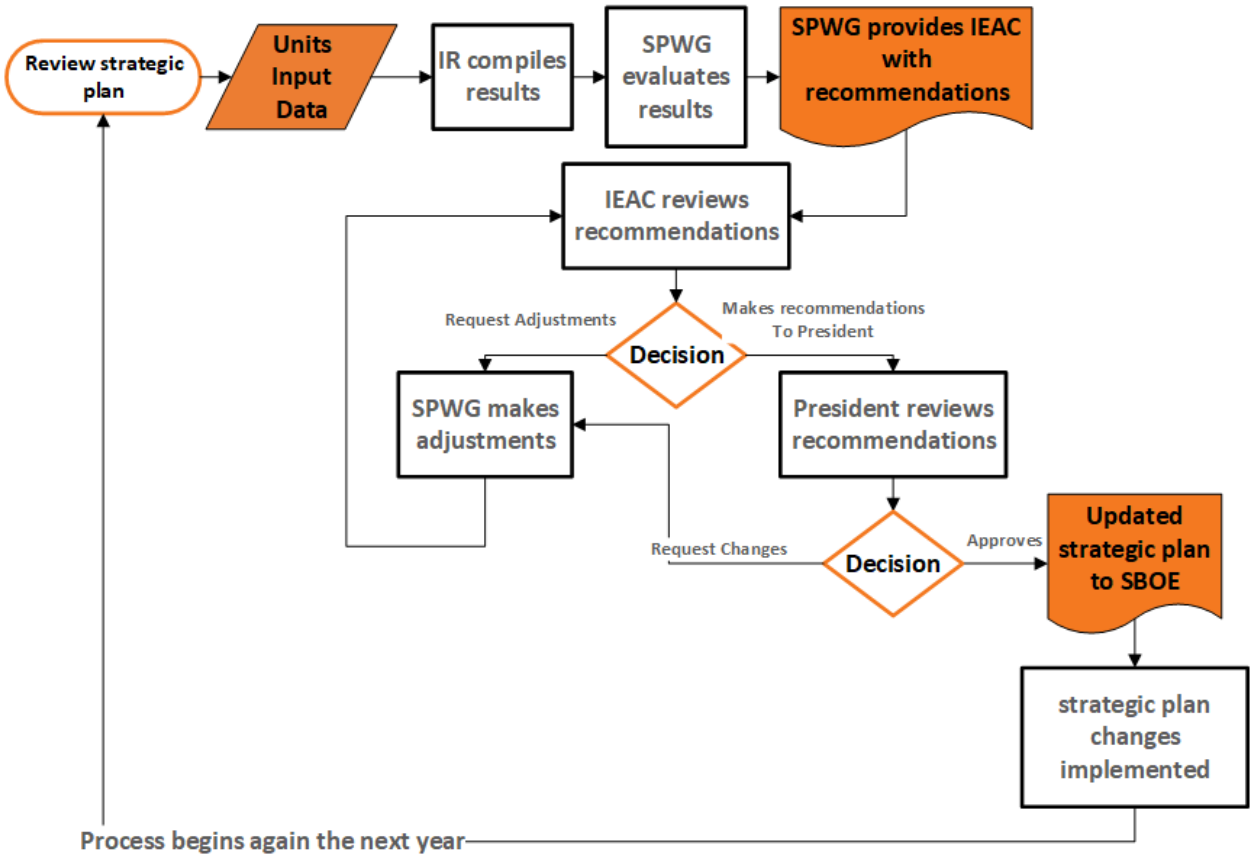
Between September 2015 and March 2016, in addition to refining each core theme, the four core theme subcommittees identified two-to-four supporting objectives that quantified the level of fulfillment for their respective core theme. The objectives are composed of essential elements of the core themes, and each objective has two-to-six performance measures that link directly to their accomplishment. The performance measures are clearly defined, realistic, and have verifiable data sources. Changes to the core themes resulted in some core themes subcommittees establishing new indicators. As a result, some of the new indicators have only one year of data collected thus far. After establishing the baseline, and as a means of fully realizing mission fulfillment, the groups set appropriate benchmarks that support the Institution's continual growth over a five-year period or maintaining the desired standard. The core theme subcommittees worked closely with Institutional Research (IR) to develop appropriate indicators.

When establishing the performance measures, the subcommittees evaluated the use of both quantitative and qualitative indicators, but at this time, the group chose to focus on measuring only quantitative data. As the process further matures, the use of qualitative performance measures is expected to become part of the evaluation process.

Assessing and Updating the Core Themes, Objectives, and Measures

Idaho State University has a created an annual, mature, and systematic process to evaluate its core themes, their objectives, and performance measures. As depicted in Figure 2, each January, Institutional Research coordinates with multiple units throughout the Institution to collect and analyze the core themes' performance measure data. The performance data is made up of indicators and benchmarks that support the achievement of the core themes' subordinate objectives. The core theme subcommittees use the analyzed data to establish conclusions about ISU's quality, effectiveness, and degree of mission fulfillment. ISU also tracks multiple performance measures that support the State Board of Education's (SBOE) strategic goals and objectives to maintain alignment. ISU reports on these performance measures annually in August.

Figure 2. Process for Assessing and Updating Core Themes



As a means of supporting the dissemination of the analyzed data to the core theme subcommittees and the Institution's stakeholders, IR produced a web application that provides a visual illustration of each of the core themes and their associated objectives' accomplishments. The achievement of each of the measures of effectiveness are presented using the colors Gray/Red/Yellow/Green. Each color

represents a percentage of the benchmark's accomplishment from one to 100 percent; gray equates to below 85%, red 85-89%, yellow 90-96%, and green 97-100%. The final score that determines the overall assessment of ISU's mission fulfillment is calculated by averaging the individual scores of each core theme, which is based on the scores of the objectives.

The IEAC has determined that the demonstration of mission fulfillment, requires the Institution to make progress toward meeting or exceeding an 80% overall score for each core theme. One of the goals of ISU's leadership was the continual improvement of the Institution to support the communities within its service regions and to achieve ISU's mission throughout the state. To accomplish that challenge, they directed the Core Theme Subcommittees to establish the performance measures' benchmarks at a level that requires the programs and units to stretch themselves. Therefore, when ISU began the process of evaluating its core themes, very few of the indicators had attained a green status. The indicators that scored lower demonstrated to the units the need for an increased emphasis in supporting programs in order to achieve a higher level of accomplishment.

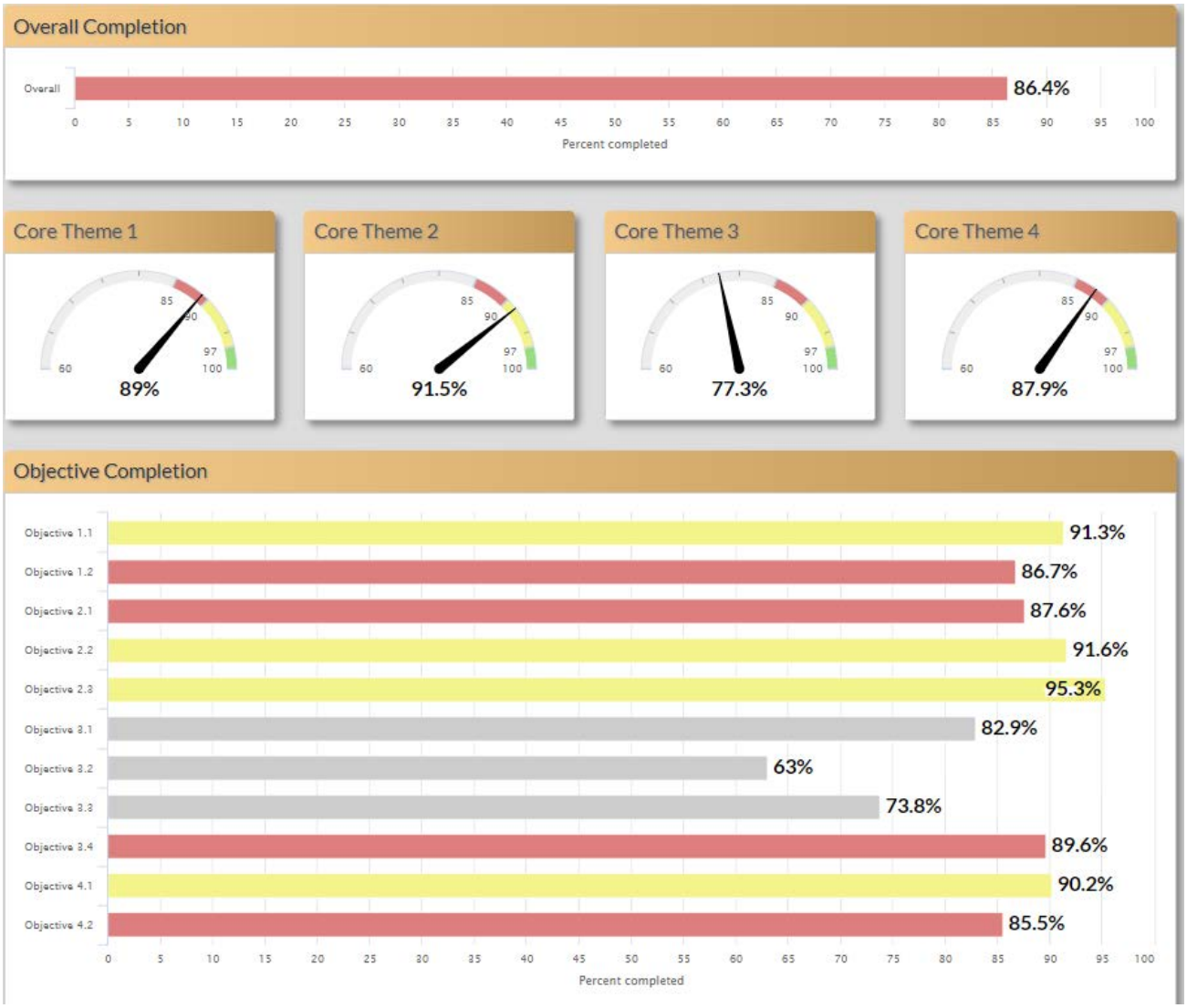
The mission fulfillment web application provides the Institution leadership, decision-makers, and the SBOE with a visual representation of each core theme and its associated objectives, as well as an overall demonstration of mission fulfillment. The IEAC can quickly evaluate the core themes by spotting trends, then use this measuring system as a way to prioritize resources when certain indicators are underperforming. ISU's leadership can immediately reference the Institution's overall effectiveness in each of the core themes, its strategic objectives, and its degree of mission fulfillment. Currently, the overall performance for the indicators used to assess each core theme is:

- Core Theme 1 indicators are 91.8% overall
- Core Theme 2 indicators are 90.3% overall
- Core Theme 3 indicators are 92.7% overall
- Core Theme 4 indicators are 86.5% overall

Upon completion of IR's analysis and posting of the data to the website application each January, each core theme subcommittee meets to review the indicators to ensure they measure the desired outcome for their respective core theme. Additionally, the subcommittees review the indicators' benchmarks to validate that they continue to challenge ISU's ability to achieve the goal within the specified period while remaining realistic. The subcommittees recommend adjustments to the IEAC Steering Committee who oversees and makes recommendations to the President for the overall mission fulfillment system. Two examples of the evaluation and adjustment process working occurred in 2017 occurred when the Core Theme 2 Subcommittee and the Core Theme 3 Subcommittee evaluated the effectiveness of their objectives and indicators. That series of meetings resulted in the subcommittees each validating their objectives, adjusting some of the indicators, and establishing some new benchmarks.

While ISU uses the same technology to manage its strategic plan, its leadership utilizes mission fulfillment and the strategic plan in different aspects of institutional planning. Both help align planning efforts using the mission and core themes, but mission fulfillment shapes ISU's long-term future 10-to-20 years out by focusing on continuous improvment. The strategic plan concentrates on goals within the next five years.

Figure 3. ISU's Mission Fulfillment Web Application



State Board of Education (SBOE) Oversight

The SBOE approved ISU's mission and core themes in February 2016 and ISU's strategic plan in June 2017. The SBOE's primary concerns regarding ISU's mission and core themes are their alignment with one another, their alignment the SBOE Strategic Plan, and if they meet SBOE policy. Alignment is very important to the SBOE because each public postsecondary Institution has geographic, institutional service regions and designated missions that emphasize their areas of academic concentrations. ISU's primary statewide mission is to provide specialized health science programs such as pharmacy, physical therapy, physician assistant studies, and other health science-related programs.

2. Are our core themes and objectives still valid?

Validity of ISU's Core Themes/Objectives

Year Seven Evaluation Recommendation

At ISU's Year Seven Evaluation in 2014, the evaluation committee did not feel that the mission and core themes aligned and recommended that the institution review and revise its mission and/or core themes, as well as the supporting indicators and benchmarks. To validate ISU's mission and core themes, in 2015-2016 the Institution underwent a five-month process that included faculty, staff, student, and community engagement to revise and update the mission and core themes to ensure they properly aligned and are representative of who ISU is as an institution.

The Process: Aligning the Mission and Core Themes

Idaho State University's leadership undertook an inclusive and transparent process to accomplish the revision of the mission and core themes. The first step in this process was to ensure the mission statement aligned with the SBOE's guidance. This alignment centered on key Board policies like III.Z. Planning and Delivery of Postsecondary Programs and Courses, which specifies ISU's responsibility for health science programs, career technical education, and the designation of our service regions.

Once the IEAC completed this analysis, the Core Theme Subcommittees wrote their respective core themes using the mission statement's key elements as the basis of emphasis. By selecting the mission's key elements, this ensured alignment at all levels. The resulting core themes individually manifest essential elements of the mission while collectively encompassing it. As described above, as a means of supporting the mission and core themes' implementation and measuring mission fulfillment, the IEAC created a set of objectives, indicators, and benchmarks for each core theme. The objectives focus on the essential elements within each of the core themes and help maintain the Institution's focus. Upon completion, the IEAC sought input from institutional stakeholders and incorporated their feedback into the final products. There was overwhelming support by faculty and staff for ISU's core themes and revised mission, which were ultimately approved by the SBOE in February 2016.

Acceptance and Adoption

ISU's faculty and staff have made significant progress incorporating the revised mission statement and updated core themes down to the program level and within the units. They had accepted them to the point that when the strategic plan was under development, it required an education campaign to explain how mission fulfillment and strategic goals and their objectives, while aligned, were different. These conversations demonstrated the keen awareness of the groups' regard for the core themes and how widely they have been accepted.

3. Is the institution satisfied that the core themes and indicators selected are providing sufficient evidence to assess mission fulfillment and sustainability? If not, what changes are contemplated?

As explained above, ISU received approval of its revised mission and core themes 18-months ago. The Institution's five-month revision process in the fall of 2015 included participation by faculty, staff, students, and community members. The outcome of that process was the alignment of ISU's mission and core themes with the SBOE's guidance to provide educational, research, and community

engagement opportunities within ISU's service regions and the statewide requirement to deliver health sciences education.

ISU's process for assessing and updating its core themes (Figure 1) occurs annually. Every January the Core Theme Subcommittees evaluates the effectiveness of the core themes, their associated objectives and performance measures. Upon completion of the review, the Core Theme Subcommittee chairs request that the IEAC Steering Committee approve the updates. This process ensures that the core themes remain valid and that the performance measures assess the proper elements of the core themes.

In 2017, the IEAC did not change the mission or core themes but adopted the new mission fulfillment process described above. However, as part of the 2017 review, Core Theme 2 and Core Theme 3 Subcommittees made minor adjustments to their performance measures. Both of the groups reduced the number of indicators they use to measure their objectives' accomplishments, they defined new benchmarks, and refocused on their data collection responsibilities.

Part II: Representative Examples of Assessment Process from Beginning to End

Introduction

The College of Pharmacy (COP) and the General Education (Gen Ed) program will be used as examples of assessment processes and measuring student learning at ISU. These two programs span the spectrum of assessment maturity, as the College of Pharmacy has a long history of comprehensive assessment as a part of its specialized accreditation process, while the General Education program is in an earlier stage of developing and refining its processes.

The COP is accredited by the Accreditation Council for Pharmacy Education (ACPE), and they successfully completed their most recent accreditation review in 2016. Pharmacy was a program selected as an example of assessment that happens within the requirements of specialized accreditation. Many of the programs in the Kasiska Division of Health Sciences have specialized accreditation. In addition, programs in the College of Business and several programs in the College of Science and Engineering, the College of Technology, the College of Education, and the College of Arts and Letters hold specialized accreditation. Over 3,700 students are estimated to be enrolled in programs holding specialized accreditation, based on the five-year average of majors in various programs.

General Education in Idaho follows the Governing Policies and Procedures III.N. Statewide General Education. Idaho SBOE policy mandates six objectives: written communication; oral communication; mathematical ways of knowing; scientific ways of knowing; humanistic and artistic ways of knowing; and social and behavioral ways of knowing. In addition, each Idaho public postsecondary institution must have six credits of general education in institutionally designated credits. ISU students take one course in cultural diversity, and one course in either critical thinking or information literacy. The nine objectives encompass 48 student learning competencies.

The Gen Ed program at ISU is diverse and includes courses from all academic units. While the majority of general education courses are housed in the Colleges of Arts and Letters and Science and Engineering,

the other academic units are represented as well. The College of Technology offers RCET 1372 and TGE 1140 (mathematical ways of knowing); TGE 1257 (humanistic and artistic ways of knowing; and TGE 1150 (social and behavioral ways of knowing). The College of Business offers MGT 2216 (mathematical ways of knowing); ECON 1100, 2201, and 2202 (social and behavioral ways of knowing); INFO 1181 (critical thinking); and FIN 1115 and INFO 1101 (information literacy). The College of Education offers EDUC 1110 (social and behavioral ways of knowing), EDUC 2204 (cultural diversity), and SCPY 1101 (cultural diversity); the Library offers LLIB 1115 (information literacy); and the Kasiska Division of Health Sciences offers CSD 2210 and 2256 (cultural diversity) and NTD 2239 (scientific ways of knowing). (http://coursecat.isu.edu/undergraduate/academicinformation/generaleducation/)

Consistent and regular assessment of general education courses is relatively new at ISU. Prior to 2015, some general education courses were assessed by their departments as a part of program review or specialized accreditation assessment, but were not part of an institution-wide effort to evaluate the general education program as a whole. The General Education Requirements Committee (GERC) at ISU oversees the assessment of general education courses. GERC reviews courses that have applied for inclusion in the general education program and acts on the applications. An assessment plan is included in the application. Consequently, all general education courses submit assessment plans to GERC prior to beginning assessment activities; GERC reviews the assessment plans and either approves them or remands them back to the submitting departments with recommendations for improvement.

The General Education Requirements Committee includes representatives from all academic units on campus as voting members. Representatives from Academic Advising, the Registrar's Office, Instructional Technology Services, Academic Affairs, and Curriculum Council attend meetings but do not vote. Minutes from GERC meetings are posted on ISU's website and are reviewed by Associate Deans of the academic units.

A plan was developed for departments to design and submit assessment plans to GERC for approval and submit annual assessment reports (Gen Ed Assessment Flow Chart). This plan, which was approved by the Provost in April 2015. GERC is currently on track to meet the deadlines shown in the plan; the first round of assessment reports was submitted in November 2016. Results for Year Two of the reporting process are due on November 1, 2017; in addition, Objectives 1 (Written Communication) and 2 (Oral Communication) will be reviewed by Objective Review in Fall 2018 as part of the overall objective review process.

As of April 17, 2017, assessment plans for all but one general education course (which is intended to be withdrawn) had been submitted to GERC for review, for a total of 159 courses. One hundred forty-four plans were approved by April 25, 2017.

Example 1: Pharmacy

1. **Are our indicators, for the selected examples, proving to be meaningful? Do you have too many indicators or too few?**

As indicated earlier, the COP is accredited by ACPE, who requires participating programs to follow standards for educational outcomes and requires assessment of those standards, and consequently, indicators used by COP are somewhat prescribed and include measures that allow national comparison. COP uses the number of indicators required to demonstrate compliance with accreditation standards.

The multitude of indicators provides COP with a rich base of information for adjusting the curriculum, improving student learning, and assisting individual students, and as such, result in meaningful indicators. Having multiple metrics in place decreases the likelihood of an isolated assessment being misinterpreted. COP identified multiple processes that could be improved based on results of its assessments. For example, it found that molecular cell biology/genetics and medicinal chemistry were not being covered in the curriculum at the depth required for PCOA (Pharmacy Curriculum Outcomes Assessment) (see Appendix 2).

The COP uses both formative and summative assessments. It is planning to enhance its formative evaluation methods by incorporating the ExamSoft testing platform to assist in categorizing formative assessments by discipline as well as the level of higher order thinking based on Bloom's taxonomy.

Summative assessments are administered in several ways: 1) annual knowledge base exams for first and second-year students; 2) Pharmacy Curriculum Outcomes Assessment (PCOA) Exam; and 3) PBL (Problem Based Learning) Case Studies Exam. COP also uses standardized and comparative assessments to provide benchmarks of curricular success. These include first-time pass rates on the NAPLEX (North American Pharmacist Licensure Examination); MPJE (Multistate Pharmacy Jurisprudence Examination), and PCOA.

2. What has the institution learned so far and what changes are contemplated? What has been your progress to date using the data? Do the data tell you what you are looking for?

As a result of the assessment process, COP has made a number of changes using the assessment results. A few of the changes are discussed below.

Poor performance on the capstone oral communication component led to a revision of the grading rubric and incorporation of it into each year of the curriculum, so students have access to a rubric that sets clear expectations early in the program.

PCOA test results suggested that while the general curriculum was satisfactory, specific topic areas needed revision and updating. The basic science curriculum now places a greater emphasis on the application of pharmaceutics, medicinal chemistry, and pharmacogenomics.

Review of NAPLEX results led to several changes, including change of instructor for a key course; addition of a 1-credit self-study NAPLEX board review component in the P3 Capstone Pharmacy course; the addition of two faculty development programs focusing on exam writing guidelines; and incorporation of material to improve individual drug knowledge into a pharmacotherapy module.

Programmatic assessment measures that were recently implemented will require continued evaluation and revision, and the impact on student learning outcomes is not yet known.

Review of the data has led to a number of insights as to where and how to strengthen curriculum to better support student learning outcomes. The regular reporting practices of the Accreditation and Student Assessment (ASA) database and student portfolios has evolved to a point where at-risk students are quickly identified and offered remediation much earlier in their programs. Faculty advisors have complete and current student data for closer oversight of student achievement.

3. How are data being collected, analyzed, and utilized and the findings communicated to constituents?

The COP's Office of Assessment, with support from the Pharmacy Assessment Committee, is responsible for administering, compiling, and reporting all student performance assessments (page 165, self-study). Data trends are analyzed and summarized by these entities. An Annual Assessment Report is distributed internally to all faculty, the Administrative Council, and Curricular Affairs Committee, all of which discuss potential areas of concern and make recommendations for improvement (page 168 self-study). The Administrative Council is generally responsible for implementation of programmatic changes.

COP developed the ASA database to allow for more efficient organization and collection of assessment information, as well as greater comprehensive analysis of student performance. This enabled the College to decentralize advising away from the Associate Dean's office to faculty advisors, each of whom provides close oversight of 6-8 students using a well-established student advising process.

Example 2: General Education

1. Are our indicators, for the selected examples, proving to be meaningful? Do you have too many indicators or too few?

The first round of annual assessment reports for the General Education (Gen Ed) courses showed that the indicators for many of the learning outcomes proved to be meaningful, and provided departments with useful information that could be used to improve quality. For example, ACAD 1111 (information literacy objective) will be redesigned to improve outcomes for students; new activities and assignments will be developed for MGT 2216 (mathematical ways of knowing objective) based on the assessment results; and the assessment rubrics for FIN 1115 (information literacy objective) will be strengthened to glean better information about student learning. Assessment committees for other courses, like GERM 2202 (cultural diversity objective), were satisfied with the alignment of their indicators and instruments with the learning outcomes. However, the indicators and/or instruments for some learning outcomes will need further refinement in order to provide useful information.

A specific example of how assessment results were used to make improvements is that of ACAD 1111, from the information literacy objective. Faculty applied a rubric to the signature capstone assignment, an annotated bibliography of sources pertaining to each student's research question, to assess "identify sources and gather information/data effectively and efficiently;" "evaluate credibility of courses and information/data;" and "understand the economics, ethical, legal, and social issues surrounding the creation, collection, and use of information/data." Results indicated that while students were successful in locating appropriate sources, vetting and preparing citations for those sources, and thinking critically about the content, many still struggled to convey the content of a source text in summary and paraphrase, specifically, without bordering on plagiarizing the original. Faculty will redesign the curriculum to allow more time for the instruction-practice-feedback-revision cycle pertaining to these skills that are essential for reporting source content, and will require submission of a revised annotation in subsequent semesters.

It is difficult to state at this point whether too many or too few indicators are used because it varies by course. Clearly, some learning outcomes are being successfully evaluated with meaningful indicators. Some departments, however, will need to revisit the indicators they have chosen, and may ultimately change their current practice.

2. What has the institution learned so far and what changes are contemplated? What has been your progress to date using the data? Do the data tell you what you are looking for?

The first round of assessment reports revealed several issues to be addressed. First, greater clarity is needed in regard to reporting on cross-listed courses, and on the time period for reporting. This issue will be addressed by GERC beginning fall 2017.

Second, a substantial number of general education courses are offered in local high schools as Early College Program (ECP) courses, and these courses pose a challenge in regard to the inclusion of their instructors and the assessment instruments used. Consequently, the Director of ECP recently updated the "Faculty Liaison Responsibilities," to include "coordinate with the department chair in guiding high school instructors on assessment of general education learning competencies." While it was understood that Early College general education courses were included in the assessment, the responsibility for doing so is now explicitly stated, and more resources will be devoted to ensuring quality assessment practices in these courses.

Third, several departments reported issues with assessment instruments. It was expected that some adjustments would be needed to ensure that indicators were being appropriately captured. In spring 2016, Academic Affairs sponsored two "Assessing Student Learning Workshops," presented by assessment consultants, in which faculty and assessment coordinators received training that included the selection of signature assignments and assessment instruments. Some of the assessment data was collected prior to this training, and so adjustments were expected afterward.

The above-mentioned issues require several responses. Departmental assessment committees provide the Gen Ed course instructors with more detailed guidance regarding the collection of data and identification of appropriate assessment instruments. The instruments chosen for assessment are inherent in each course's assessment plan and should be demonstrably aligned with one or more learning outcomes for the objective in question. Some instructors still want to use course grades as a metric and will need assistance in identifying appropriate rubrics to use for evaluating student work. Faculty liaisons of ECP courses will need to provide more guidance on data collection to the instructors in the high school and get them more involved in the process.

The University Assessment Review Committee (UARC), a group of faculty and staff responsible for ISU's academic assessment program, is discussing how best to provide support for faculty involved in assessment processes and will make a recommendation to Academic Affairs later this year. Examples of changes that are contemplated by individual departments include:

- POLS 1101 (social and behavioral ways of knowing) instructors need clearer expectations from the assessment committee, and the committee needs to be more proactive in requesting material from the instructors. In the future, the committee will collect direct and indirect assessment instruments at the beginning of the semester and help instructors report results in a more standardized manner.
- TGE 1257's (humanistic and artistic ways of knowing) Assessment Review Committee will ask instructors to adjust or amend the Final Exam prompt to better evaluate the competencies required for the cultural diversity objective.

- CS/INFO 1181 found that the final exam questions used to evaluate the learning outcomes for objective 7 (critical thinking) did not align well with the assessment criteria. They plan to adjust the instrument to attain a more meaningful assessment of the objective.

Data collected as of November 2016 have provided information that confirms the usefulness of the indicators for some outcomes, and the need to refine indicators for other outcomes.

3. How are data being collected, analyzed, and utilized and the findings communicated to constituents?

Departments that house the general education courses collect and analyze the data in a variety of ways. Most departments have assessment committees or teams that coordinate assessment activities with instructors. They identify appropriate indicators and instruments for assessing learning outcomes and review student work that instructors have submitted, with student identification removed so results can be stored in a FERPA compliant manner. Finally, they summarize the results and prepare an annual report for GERC.

Annual reports to GERC are required for all general education courses. The reports are submitted by departments via Bengal Web and then processed by Institutional Research, which creates an overall report for GERC. As of April 25, 2017, GERC had approved 144 of the 159 plans. All general education courses will submit an annual report by November 2017. Departments use data from the annual reports to make changes to their courses and/or methods of collecting data and choice of assessment instruments and indicators. Objective Review Committees (ORC) will begin meeting in 2018 to review objective courses and make recommendations regarding the overall objectives. Objectives will be analyzed every five years and reports generated at the end of the time period. A comprehensive program assessment based on the ORC reports will be completed every five years.

As an example, the Chemistry department has a committee of three faculty members that evaluate the assessment findings at the end of the academic year. They make recommendations to the department as to how to improve student performance in the weaker areas. A template will be developed for the instructors to report their findings. Another example is that of ACAD 1111 (information literacy). Its assessment committee selected a signature capstone assignment and randomly assigned three assignments to each reviewer, who evaluated the assignments independently. The performance was strong except for “use information/data effectively to accomplish a specific purpose.” The committee plans to redesign the curriculum to allow more time for the instruction-practice-feedback-revision cycle.

The UARC is in the process of reviewing assessment software and will make a recommendation to Academic Affairs by fall 2017. In most departments, assessment results are communicated to faculty in meetings. Assessment software will enable departments and programs to easily generate reports for review. The UARC will make recommendations to departmental assessment committees as to appropriate methods and venues for communicating results.

Part III: Evaluative Overview in Light of Parts I and II

1. What will we need to do to prepare for the Year-Seven Evaluation?

Introduction

Since ISU's 2014 Year Seven Evaluation, the Institution has made significant advances. It established the IEAC, which is responsible for emphasizing inclusiveness and transparency, as well as aligning planning efforts and dismantling long-standing silos throughout the Institution. The Institution also adopted a new comprehensive assessment plan that emphasizes student learning and services as the central elements of the Institution's culture. For any institution, implementing and following through with even one of those initiatives is a considerable undertaking, but to successfully implement all of those changes, ISU's leadership must maintain focus and emphasis, provide resources, and coordinate efforts institution-wide to ensure ISU is ready for its next Year Seven evaluation.

Mission Fulfillment, the Strategic Plan, and Aligning Planning

It took ISU time to define what mission fulfillment means to the Institution as a whole and how to assess it. Now that it is defined, ISU's administration is having that discussion with faculty and staff to help them define their roles in achieving it, and understand that unlike a strategic goal, the outcome is not static but focused on continuous improvement.

Two key outcomes to accomplish the IEAC's goal of attaining mission fulfillment are to continue to break down the planning silos within academic and non-academic units, and to align their planning efforts with the core theme objectives and strategic plan goals. ISU's administration will focus on education, communication, inclusion, and promote alignment to accomplish these two outcomes.

Education and Communication

For years, the core themes served as the strategic goals, so many at ISU were confused when the IEAC reinterpreted the delineation between core theme objectives and mission fulfillment, and strategic plan goals. Based on the stakeholder feedback regarding the strategic plan goals, it became evident that there was not a clear understanding of the differences between the two. The faculty and staff are committed to and feel strongly about the core themes, and during the strategic planning efforts, there was concern that the strategic plan goals were replacing them. That evidence made clear the need for an education campaign to explain the differences between core theme objectives and mission fulfillment, and the strategic plan goals. This also highlighted the campus support and belief in the significance of the core themes as essential elements of our mission.

To accomplish this, upon completion of the strategic plan last March, the Executive Vice President/Provost (EVPP) and other senior administrators started using different forums and meetings with administrators, faculty, and staff to explain the differences between the newly created strategic plan goals and core theme objectives and mission fulfillment. This campaign will continue until clarity is achieved.

Communicating the differences between mission fulfillment and the strategic plan is not the only education that needs to occur. The use of the IEAC is a relatively new addition to ISU's structure, so its scope and processes are not widely known throughout the Institution. That lack of knowledge results in a misunderstanding by many faculty and staff regarding how the Institution's priorities are set and

decisions are being made at the executive and mid-management levels. The EVPP and the Institutional Effectiveness staff will continue focusing their efforts on highlighting the IEAC's actions and how they directly tie to achieving mission fulfillment and accomplishing the strategic plan goals.

Inclusion

For the development of the strategic plan and its subsequent action plans, ISU began utilizing project action teams (PAT) composed of diverse groups of faculty, staff, and students with the charge of resolving specific issues using group problem-solving techniques. With over 1,800 employees, many of ISU's faculty and staff have never met one another, let alone worked together. By using PATs, it provides an opportunity to expand everyone's familiarization of one another's skills, listen to different perspectives, and develop creative results. Some participants on the PATs are subject matter experts while others are selected based on their role and background at the Institution. ISU has also included community members on the PATs to assist in developing the strategic action plans. PAT members share perspectives, experiences, and gain appreciation for one another's abilities and skills.

Inclusion remains an important priority to ISU, and these teams support the achievement of positive conclusions. The EVPP emphasized the use of PATs at multiple Faculty Assemblies during spring 2017. It is her desire that senior administrators around the Institution utilize PATs so that they become more prevalent and facilitate faculty and staff relationships and collaboration. It is still too soon to say if this initiative will stand the test of time, but it puts ISU one-step closer to accomplishing mission fulfillment and meeting accreditation standards. To date, ISU has established five teams.

Promoting Alignment

As stated in Part 1, the IEAC has multiple subcommittees to support inclusion, process improvement, and alignment. Mission fulfillment is a continuous improvement process, and it is important that the subcommittees have a clear understanding of how their efforts affect the Institution. ISU can boast about some of the successes in aligning planning, but it has been and continues to be difficult to establish some standard processes. As the IEAC structure matures, leadership throughout the Institution have been challenged because they have not had a clear understanding of what must go through the IEAC system for approval. Without predictable timelines and processes, the subcommittees work in a vacuum, which can cause confusion. To be successful long-term, the IEAC recognizes that it must set clear requirements for the subcommittees who are trying to establish plans to ensure they achieve effective alignment. Standard policies and timelines regarding new processes still need to be formalized by the IEAC so as more plans are completed the IEAC can operate efficiently, and effectively work on attaining alignment throughout the Institution without compromising the system.

Implementing ISU's Comprehensive Assessment Plan

ISU's comprehensive assessment plan focuses on both academic and non-academic evaluation of student learning and service performance evaluations. Assessment is a priority for the Institution because it is recognized a key element to ISU achieving mission fulfillment (See Appendix 3 in the Assessment Plan). Some elements of the plan, like Gen Ed Assessment, began two years ago, while other elements are still in the early stages of implementation. The key to achieving a successful implementation is faculty and staff buy-in. To ensure all aspects of the plan are achievable, the IEAC will need to create opportunities to seek feedback from faculty and staff by using the Faculty Senate, UCC, GERC, Staff Council, Deans, and Vice Presidents to implement the plan. These groups will provide a

diverse set of recommendations that will continually strengthen the plan and increase the chances of successfully implementing it throughout the institution.

Having a plan in place is just the first step. Additional requirements like continuing to train faculty and staff, establishing a formal assessment policy, and providing oversight by the Departments, Colleges, Deans, and Vice Presidents are all considerations that will require future discussions and approval by the IEAC. Based on other institutions' success, it is understood that as assessment becomes more and more involved, the IEAC will have to devote additional resources to support its continual evolution.

The purchase and implementation of an assessment enterprise program are additional requirements within the plan that needs to be solidified. The UARC has responsibility for establishing the requirements for the enterprise product and until March 2018 to identify, evaluate, and select a product that meets their standards. Additionally, the group will work with the EVPP and Vice Provost to include funding in ISU's FY2019 budget as a measure to ensure it is ready for implementation in summer 2018. It will take the time to implement the assessment software, but it should be fully functional and providing valuable data by ISU's Year Seven evaluation.

Another indirect institution-wide assessment tool that has received significant attention at ISU for the last year has been the proposal of standardizing the end-of-course survey. Initial research found that faculty members are using various methods like Moodle, Survey Monkey, and other off-the-shelf survey tools to complete end-of-course surveys. After the IEAC approved the project proposal in spring 2016, the EVPP appointed a faculty member to serve as a faculty fellow. One of the projects selected was to research the need for and capabilities of a standardized end-of-course survey tool. The Faculty Fellow performed extensive research on this topic and is in the process of identifying recommendations for potential solutions to meet the Institution's needs. It is envisioned that non-academic units can coordinate to include questions on those surveys to evaluate certain services. The end-of-course survey is another assessment tool that will fit into ISU's comprehensive assessment plan. It will help faculty and staff make quality changes to their courses or support non-academic units' quality of services.

Conclusion

Over the past two years, there have been significant changes to the ISU's culture. These changes have not happened overnight and are still evolving. Communication to faculty and staff and their involvement in institutional planning processes have been the key to the Institution's accomplishments in the areas of mission fulfillment and assessment.

Based on the successes ISU has already worked hard to achieve, by the Year Seven evaluation the IEAC should be fully integrated into the Institution and have established a set of standards and timelines that facilitates continuous planning alignment. The staff and faculty will have a strong understanding of mission fulfillment and strategic plan goals.

Index of Abbreviations

COP	**College of Pharmacy**
ECP	**Early College Program**
EVPP	**Executive Vice President and Provost**
Gen ED	**General Education**
GERC	**General Education and Review Committee**
IEAC	**Institutional Effectiveness and Assessment Council**
IR	**Institutional Research**
ISU	**Idaho State University**
MPJE	**Multistate Pharmacy Jurisprudence Examination**
NAPLEX	**North American Pharmacist Licensure Examination**
ORC	**Objective Review Committees**
PAT	**Project Action Team**
PBL	**Problem Based Learning**
PCOA	**Pharmacy Curriculum Outcomes Assessment**
SBOE	**State Board of Education**
UARC	**University Assessment Review Committee**

Appendix 1. IEAC Steering and Subcommittees

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Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Steering Voting Members and Subcommittee Chairs

Name	Title	Position
Dr. Laura Woodworth-Ney	Executive Vice President/Provost	Chair
Dr. Neels Van der Schyf	Vice President for Research/ Graduate School Dean	Core Theme 1 SC Chair
Lowell Richards	Vice President for Student Affairs (Interim)	Core Theme 2 SC Chair
Dr. Rex Force	Vice President for Kasiska Division of Health Sciences	Core Theme 3 SC Chair
Dr. Kent Tingey	Vice President for Advancement	Core Theme 4 SC Chair
Selena M. Grace	Vice Provost for Academic Strategy and Institutional Effectiveness	AAAPR SC Chair
Cheryl Hanson	Associate Vice President for Facilities	Facilities SC Chair
Randy Gaines	Chief Information Officer	IT SC Chair
Brian Hickenlooper	Chief Financial Officer (Interim)	Finance SC Chair
Dr. Paul Watkins	Co-Chair, Faculty Senate	Faculty Rep
Dr. Lyle Castle	Dean, College of Science and Engineering (Interim)	Dean Rep
Jessica Sargent		Student Rep
Lewis Eakins	Director, Public Safety	
Vince Miller	Director, Institutional Research	Metrics Collection
Jeff Tingey	Athletic Director	
Mia Benkenstein	Staff Council	

Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Core Theme 1 Subcommittee

Name	Title	Position
Dr. Neels Van der Schyf	Vice President for Research/Graduate School Dean	Chair
Dr. Karen Wilson Scott	Associate Dean, College of Education	
Dr. Margaret Johnson	Faculty Affairs Coordinator	
Dr. Mary Hofle	Chair, Mechanical Engineering	
Dr. Douglas Warnock	College of Arts and Letters	
Vince Miller	Director for Institutional Research	
Dr. Joanne Tokle	Associate Vice President for Academic Affairs	

Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Core Theme 2 Subcommittee

Name	Title	Position
Lowell Richards	Vice President for Student Affairs (Interim)	Chair
Dr. Cindy Hill	Student Success Center	
Dr. Randy Earles	College of Arts and Letters	
Ches Barnes	Student Union University Programs Director, Idaho Falls	
Dr. Tracy Collum	Graduate School, Associate Dean	
Ali Crane	Enrollment & Student Services Director, Meridian	
Karina Rorris	Disability Services Director	
James Martin	Financial Aid & Scholarships Director	
Michael Mikitish	Division of Health Sciences	
Vince Miller	Institutional Research Director	
Scott Scholes	Associate Vice President for Enrollment Management	
Dr. Brian Williams	College of Science and Engineering	
Eric Mickelsen	Staff Council Representative	
Amy Brumfield	Student Representative	

Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Core Theme 3 Subcommittee

Name	**Title**	**Position**
Dr. Rex Force	Vice President for Kasiska Division of Health Sciences	Chair
Christopher Cessna	Assistant Director for Institutional Research	
Dr. Alan Mirly	Department of Physicians Assistant Studies	
Dr. John Holmes	College of Pharmacy	
Dr. Barb Mason	College of Pharmacy	
Dr. Vaughn Culbertson	College of Pharmacy	
Dr. Christopher Wertz	Radiographic Science	
Dr. Karen Neill	Associate Director, School of Nursing	
Tracy Farnsworth	Health Care Administration, College of Business	

IEAC Core Theme 4 Subcommittee

Name	Title	Position
Dr. Kent Tingey	Vice President for Advancement	Chair
Randy Gaines	Chief Information Officer	
Cheryl Hanson	Associate Vice President for Facilities	
Collette Wixom-Call	Health Sciences Development Officer	
Dr. Gerard Lyons	College of Education	
Dr. Mark McBeth	College of Arts & Letters	
R. Scott Rasmussen	Dean, College of Technology	
Vincent Miller	Director, Institutional Research	
Dianne Bilyeu	Community Member	

Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Information Technology Subcommittee

Name	Title	Position
Randy Gaines	Chief Information Officer	Chair
Lisa Leyshon	Finance and Accounting	
Andrew Taylor	Assistant Director of Marketing and Communications	
Karina Mason-Rorris	Student Representative	
Randy Stamm	eLearning Coordinator, Instructional Technologies Resource Center	
Dr. Dorothy Sammons Lohse	Faculty Fellow	
Ross Knight	Assistant Director of Admissions, Operations, and Systems	
Dr. Tracy Collum	Associate Dean, Graduate School	
Blake Beck	eISU Director, Educational Technology Services	
TBD	College of Technology	
Walter Mills	Program Information Coordinator, ISU Foundation	
Christopher Cessna	Assistant Director for Institutional Research	

Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Information Technology Project Prioritization Subcommittee

Name	Title	Position
Randy Gaines	Chief Information Officer	Chair
Matthew Steuart	Assistant Athletic Director	
Adam Jacobsmeyer	Executive Director of Treasury	
Kimberly Channpraseut	Enterprise Applications, Information Technology Services	
Dr. Tracy Farnsworth	Health Care Administration, College of Business	
Scott Scholes	Associate Vice President for Enrollment Management	
David Blakeman	Co-Chair, Faculty Senate	
Ryan Sargent	Associate Director, Alumni Relations	
Dave Harris	Office of Research	
Mark Norviel	IT Networking & Communications Systems, Information Technology Services	

Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Facilities Subcommittee

Name	Title	Position
Cheryl Hanson	Associate Vice President for Facilities Services	Chair
Brian Hickenlooper	Chief Financial Officer (Interim)	
Dr. David Rodgers	Associate Dean for College of Science and Engineering	
Dr. Debra Easterly	Assistant Vice President for Research Outreach Compliance	
Jason Adams	Director of Design and Construction, Facility Services	
Jennifer Parrott	Environmental & Safety Officer, Facility Services	
Dr. John Gribas	Associate Dean, College of Arts and Letters	
Dr. Karen Appleby	Dean for College of Education (Interim)	
Karina Hensley	Custodian, Facility Services	
Lowell Richards	Vice President for Student Affairs (Interim)	
Mark Norviel	IT Networking & Communications Systems, Information Technology Services	
Dr. Nancy Devine	Associate Dean, Rehabilitation and Communication Sciences	
Dr. Thomas Ottaway	Dean for College of Business	
Todd Adams	Senior Project Manager, Facility Services	
Vincent Miller	Director for Institutional Research	

Appendix 1- IEAC Steering and Subcommittees Committees

IEAC Accreditation, Assessment, Academic Policy Review Subcommittee

Name	Title	Position
Selena M. Grace	Vice Provost for Academic Strategy and Institutional Effectiveness	Chair
Darren Blagburn	Project Manager	
Dr. Barb Mason	College of Pharmacy	
Craig Thompson	Director of Central Office University Housing	
Deb Gerber	University Business Officer	
Laura McKenzie	Registrar	
Dr. Joanne Tokle	Associate Vice President for Academic Affairs	
Vince Miller	Director for Institutional Research	
Jessica Sargent	Student Representative	
Dr. Paul Watkins	Co-Chair, Faculty Senate	

Appendix 2. College of Pharmacy 2014-2015 Assessment

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Idaho State
UNIVERSITY
College of Pharmacy

Annual Assessment Report

AY 2014-15

Table of Contents

Executive Summary

2014-15 Annual Assessment Report

Conclusions and Recommendations

The Annual Assessment Report represents a dynamic work-in-progress that continues to change and evolve over time. It reflects minimum acceptable standards as well as a few "stretch goals," which the College deems important for future growth and development. Although data generated for this report are important, much of the significance garnered from this activity will be in the assessment and interpretation of data trends over time. With that in mind, recommendations derived from the 2014-15 assessment data are summarized below.

1) Following an open discussion of strategic initiatives and issues identified from an anonymous faculty survey, the College's strategic plan was significantly revised in the spring of 2015. Since the new plan resulted in either newly created or rewritten objectives for approximately a third of the goals, trending data for these new metrics will obviously require additional time. Overall, 67% of the College's strategic plan measures were accomplished in the 2014-15 academic year.

2) The downward trend noted in the Admission GPAs (Appendix C) and applicant pool of incoming P1 students continued in 2014-15. This trend is consistent with national trends that show a 20% decrease in the applicant pool since 2012.

3) The pass rate on the national licensure examination (NAPLEX) was below the national average for the third year in a row (91% vs 94% nationally). Interestingly, the decline is associated with the Pocatello student cohort (Meridian-100% pass rate vs. Pocatello-89%). While the 2014 data represents a single measurement point and may be purely coincidental, it is not related to differences in entering GPA between the two cohorts (Pocatello P1 entering GPA 3.65 vs. Meridian cohort 3.57). Results of the 2015 NAPLEX will be helpful in evaluating this trend, they still unavailable at this time.

4) A review and significant revision of student progression policies and procedures was undertaken during the Spring semester (2015). Curricular course improvements implemented in 2013 may also help but the potential impact on NAPLEX scores will not be realized until the graduating class of 2017.

5) The pass rates for the MPJE national law exam have been consistently above the national average since 2011 (97% vs. 94% nationally).

6) The measures of student learning are an important objective as the assessment program moves forward. Of particular interest are the divergent trends observed between the Aggregated Measures of Student Performance and Curricular Effectiveness measures. An explanation of this finding is not readily apparent. Continuing revision and refinement of annual knowledge-based exams is also a major priority.

7) The professional curriculum continues to be a major focus of the College's efforts, and curricular and aggregated student measures suggest that the curriculum is effective in meeting its end-point competencies (Appendix D). This is in contrast to recent NAPLEX exam results (Appendix A) in which graduating classes over the past two years have performed below the national average. Although this difference is small, it is atypical from an historical perspective and may represent identified curriculum deficiencies that were addressed following the 2013 curriculum revision. Unfortunately, the changes in teaching faculty and enhanced emphasis of some topic areas implemented in 2014-15 will not be observed in NAPLEX results until the next graduating class. To further investigate this concern, the Pharmacy Curricular Outcomes Assessment Exam (PCOA) was administered to the P3 class.

8) Results from the 2015 AACP Graduating Student Survey indicate that students perceive the didactic curriculum is successful in preparing them for professional practice. The professional program enjoys a high level of satisfaction among its graduates and preceptors.

9) The AACP Faculty Survey, which is administered every three years, showed that faculty view the College's academic environment and curriculum quality above national trends. Overall, comparison with national results was generally similar except for activities related to faculty development and recruitment.

10) The Pharmacy Curricular Outcomes Assessment (PCOA) exam showed overall improvements, especially in the Pharmaceutical Sciences topics.

2014-15 Action Items:

1) Distribute to Curricular Affairs Committee and other Standing Committees for additional comments.

2) Present key findings at College Faculty Meeting and solicit additional recommendations regarding curricular improvements.

3) Schedule PCOA Exam for P3s during spring 2016 semester.

4) Continued re-emphasis on why "interprofessional education" is an important part of our curriculum.

2014-15 Administered Assessments Calendar

	Curricular Outcomes Assessment	2014				2015								2015
	National Assessment Measures	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Jan
1C	NAPLEX Exam Aggregate Pass Rate									X				*
2C	NAPLEX Aggregate Exam Score									X				*
3C	NAPLEX Area 1 Exam Score									X				*
4C	NAPLEX Area 1 Pass Rate									X				*
5C	NAPLEX Area 2 Exam Score									X				*
6C	NAPLEX Area 2 Pass Rate									X				*
7C	NAPLEX Area 3 Exam Score									X				*
8C	NAPLEX Area 3 Pass Rate									X				*
9C	Jurisprudence (MPJE) Pass Rate									X				*
10C	Jurisprudence Exam Score (MPJE)									X				*
	National Assessment Measures	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	
11C	AACP Faculty Survey									X				
12C	AACP Preceptor Survey													
13C	AACP Graduating Student Survey									X				
14C	AACP Alumni Survey													
15C	Pharmacy Curriculum Outcomes Assessment (PCOA)								X					
	ISU Assessment Measures													
16C	P1 - P3 Knowledge-base Exams									X				
17C	Patient-centered Skills – Student Self-evaluation									X				
18C	Patient-centered Skills – Student evaluation by faculty				X					X				
19C	P4 Endpoint Competencies Survey									X				
20C	Student Portfolio													
21C	Senior Seminar				X					X				
22C	Course Evaluations				X					X				
23C	Curricular Mapping													
	Teaching & Learning Methods													
24C	Course Evaluations (Questions 15 &17).				X					X				
	Student Educational Outcomes Assessment	**2014**					**2015**							
	Assessment Activity	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	
1S	Knowledge-based Exams									X				
2S	Patient-centered Skills – Student Self-evaluation									X				
3S	Patient-centered Skills – Student evaluation by faculty									X				
4S	Endpoint Competencies Survey									X				
5S	Student Portfolio				X					X				
6S	Senior Seminar				X					X				
7S	Pharmacy Curriculum Outcomes Assessment (Not done in 2014)													
	Strategic Plan Performance Indicators	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	
1-19	Goal 1 Measures											X	X	
20-26	Goal 2 Measures											X	X	
27-33	Goal 3 Measure											X	X	
33-39	Goal 4 Measures											X	X	

Annual Assessment of 2015 Strategic Plan

Strategic Plan - Goal 1

				2012-13	2013-14	2014-15
1.1	**Prepare pharmacy graduates to manage complex pharmacotherapy regimens by applying a strong ethical and evidence-based decision making process.**					
	Proportion of P2 case study students performing ≥ 3.0	Dir. Assessment	≥ 90%	87%	**97%**	**98%**
	Proportion of P4 class with an APPE grade ≥ 3.0	Experiential Dir.	≥ 90%	78%	**90%**	**90%**
	Mean AACP Graduating Student Questionnaire Score	Dir. Assessment	> 3.0	**3.28**	**3.24**	**3.24**
1.2	**Develop a multi-year hiring plan that includes recruiting high quality new faculty and prioritizing gaps created by upcoming retirements.**					
	Optimize faculty advisor roles of new hires by implementing a new training video	Assoc. Dean	Fall 2015	New		**Completed**
	Establish an advisory hiring committee to prioritize teaching and faculty needs	Dept. Chairs	Spr 2016	New		In Progress
	Ratio of Total Faculty FTE to Total Students	Dean	≤ 1:8	1:8.4	**1:8.0**	**1:8.0**
	Proportion of new hires at or above 50th percentile of AACP Salary lines	Dean	≥ 50%	**100%**	**50%**	NA
1.3	**Maintain the quality and diversity of the student applicant pool.**					
	Entering class OVERALL GPA	Dir. Admissions	≥ 3.5	**3.51**	**3.52**	3.39
	Entering class SCIENCE GPA	Dir. Admissions	≥ 3.5	**3.57**	3.48	3.41
	Number of PharmD applications	Dir. Admissions	≥ 300	**302**	295	235
	Ethnicity proportion of entering class	Dir. Admissions	≥ 10%	**18%**	**19%**	**23%**
	Proportion of students awarded a scholarship	Assoc. Dean	≥ 30%	**36%**	26%	22%
	Develop and implement a student recruitment plan	Dir. Admissions	Spr 2015	New		In Progress
1.4	**Identify opportunities for expanding teaching sites while fostering collaboration and mutual respect at all sites.**					
	Incorporate the Professional Affairs Committee into the COP bylaws and constitution	Experiential Dir.	Fall 2015	New		In Progress
1.5	**Ensure academic equivalency at all sites through annual assessments**.					
	NAPLEX mean scores are < 1 Standard Deviation (SD) between teaching centers	Dir. Assessment	< 1 SD	**< 1**	**<1**	In Progress
1.6	**Promote post-graduate education, training and dual degree programs.**					
	Number of students enrolled in joint PharmD/ MS/PhD/MBA/MPH	Student Affairs	> 10	**22**	**20**	**10**
	Proportion of graduating class entering residencies	Assoc. Dean	≥ 15%	**21%**	**22%**	**15%**
1.7	**Maintain high licensure and graduation rates.**					
	MPJE Comparison to national pass rate	Dir. Assessment	> Nat.	**96%**	**95%**	**97%**
	NAPLEX Comparison to national pass rate	Dir. Assessment	> Nat.	95%	92%	91%
	Graduation Rates	Dir. Assessment	≥ 95%	94%	94%	**96%**
1.8	**Promote professionalism, integrity and respect for individuals by holding students accountable for their actions.**					
	Implement a policy for the Student Conduct Board that includes participation of a faculty advisor	Assoc. Dean	Fall 2015		**Completed**	

	Mean professionalism score by class	Dir. Assessment	≥ 3.0	New	In Progress
1.9	**Continue to develop and enhance the mentoring/teaching role of volunteer faculty and preceptors.**				
	Create and implement an advanced preceptor development program that fosters the advancement of preceptors as educators and practitioners	Experiential Dir.	≥ 30%	New	In Progress
1.10	**Structure curricular content and assessment practices to differentiate our students and position them for success.**				
	Mean (combined) verbal communication score in case studies and portfolios	Dir. Assessment	Spr 2016	New	In Progress

Assessment of Goal 1 Performance Measures:

The strategic plan was extensively revised during the spring of 2015 and eight new Goal 1 measures were added or revised. Performance measures were met in 56% (9/16) of goal 1 objectives. These accomplishments, when viewed from the context that many Goal 1 measures represent a relatively high standard, suggest the College continues to place a high value on the quality of its professional program.

Although the applicant pool continues to decline (Objective 1.33), the quality of applicants remains relatively strong (entering class GPA 3.39 and Science GPA 3.41). However, this trend is not unique to ISU as evidenced by a decrease in applicant pools nationally by approximately 20% (AACP website: http://www.aacp.org/resources/research/institutionalresearch/Pages/default.aspx)

Goal 2: Enhance research and scholarly activity.

Enhance and support research and scholarly activity by securing extramural funding and/or publishing in peer-reviewed journals.

				2012-13	2013-14	2014-15
2.1	**Ensure all faculty have a scholarship plan as a component of their career plan.**					
	Differentiate scholarship goals for tenure vs. non-tenure track faculty	Dept. Chairs	Spr 2016	New		In Progress
	Total number of faculty with a scholarship plan	Dept. Chairs	100%	New		In Progress
2.2	**Establish performance measures for scholarship and grantsmanship activities and establish a policy that holds faculty accountable for meeting benchmarks.**					
	Biomedical & Pharmaceutical Sciences:					
	Annual total of dept. research grants & contracts submitted	Dept. Chairs	≥ 10	7	38	30
	Increase the department grant/contract dollars funded	Dept. Chairs	≥ 5%	29%	6%	48%
	Number of books, book chapters, and/or patents indexed by PubMed	Dept. Chairs	≥ 10	0	7	0
	Number of PubMed indexed manuscripts published annually by department	Dept. Chairs	≥ 10	11	10	4
	Annual total of dept. abstract/presentations at national and international meetings	Dept. Chairs	≥ 15	35	30	22
	All new hires will participate in grant proposal writing development courses within 1 year of hire date	Dept. Chairs	100%	New		100%
	Number of invited scholarly presentations by department	Dept. Chairs	≥ 4	6	7	15
	Pharmacy Practice & Administrative Sciences:					
	Annual total of dept. research grants & contracts submitted	Dept. Chairs	≥ 10	7	8	13
	Increase the department grant/contract dollars funded	Dept. Chairs	≥ 5%	10%	20%	44%
	Number of books, book chapters, and/or patents indexed by PubMed	Dept. Chairs	≥ 10	5	3	10
	Number of PubMed indexed manuscripts published annually by department	Dept. Chairs	≥ 10	8	5	19
	Annual total of dept. abstract/presentations at national and international meetings	Dept. Chairs	≥ 15	13	16	55
	All new hires will participate in grant proposal writing development courses within 1 year of hire date	Dept. Chairs	100%	New		NA
	Number of invited scholarly presentations by department	Dept. Chairs	≥ 10	34	40	17
2.3	**Enhance and foster maturation of active graduate programs.**					
	Expand supported graduate students	Dept. Chairs	≥ 6	NA	NA	2
2.4	**Reevaluate and articulate learning outcomes and core competencies for each of the active departmental graduate programs.**					
	Revise educational outcomes and core competencies	GEFRAC Chair	Fall 2015	New		Completed
2.5	**Pursue external funds to support research efforts.**					
	Number of contacts made for funding research infrastructure	Dir. Development	≥ 5	New		3
	Number of contacts made for funding a research endowment	Dir. Development	≥ 10	New		7
2.6	**Create a Center for Health Outcomes & Quality.**					
	Develop a five year plan for implementing Research Fellowship training opportunities	PPRA Chair	Fall 2017	New		In Progress
	Reinvigorate the Social and Administrative Sciences graduate program	PPRA Chair	Fall 2017	New		In Progress

Assessment of Goal 2 Performance Measures:

Goals in research and scholarly activities were accomplished in 86% of Goal 2 measures during the 2015 AY. The Pharmacy Practice department (PPRA) successfully accomplished all of its scholarship goals, increasing from just 50% last year. If this improvement continues, revision of departmental goals may be warranted. The Biomedical & Pharmaceutical Sciences department accomplished 71% of departmental goals this year.

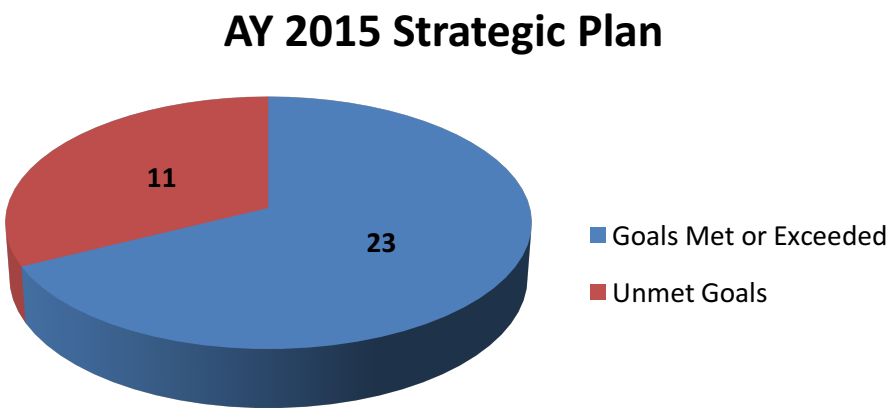
Strategic Plan - GOAL 3

	Provide leadership in pharmacy practice and the sciences through efforts in service, outreach, and interprofessional activities that contribute to the overall body of pharmaceutical knowledge and leads to growth of the College.			2012-13	2013-14	2014-15
3.1	**Promote culturally-competent, patient-centered care.**					
	Student participants in caring for underserved/diverse populations	Experiential Dir.	100%	New		In Progress
3.2	**Promote outreach projects, including those to underserved and diverse populations.**					
	Number of patient contacts made by outreach services	Experiential Dir.	≥ 500,000	New		In Progress
3.3	**Identify collaborative opportunities and key partners to facilitate the development, implementation, and evaluation of interprofessional models of practice and education.**					
	Proportion of pharmacy students participating in interprofessional courses	IPE Coord	≥ 50%	New		In Progress
	Proportion of participating faculty involved in interprofessional residencies	IPE Coord	≥ 25%	New		In Progress
	Number of interprofessional Educational Service Units (ESUs) delivered annually	CE Director	≥ 650	**285**	**290**	**351**
3.4	**Continue to promote faculty and staff professional development.**					
	Proportion of BPSCI faculty and staff participating in professional and/or scientific meetings each year	Dept. Chairs	≥ 75%	**75%**	**75%**	**85%**
	Proportion of PPRA faculty and staff participating in professional and/or scientific meetings each year	Dept. Chairs	≥ 75%	**75%**	50%	50%
3.5	**Develop innovative and entrepreneurial models of pharmacy practice.**					
	Proportion of clinical teaching faculty with active collaborative practice protocols	PPRA Chair	≥ 75%	**55%**	**55%**	**55%**
	Proportion of clinical faculty receiving reimbursement	PPRA Chair	≥ 50%	New		In Progress
	Annual count of IPPE and APPE students involved in Medication Therapy Management (MTM)	Experiential Dir.	≥ 90%	New		In Progress
3.6	**Reassess the College's administrative and organizational structure at all sites.**					
	Seek stakeholder input to modify existing organizational chart	Dean	Apr-15	New		**Completed**
3.7	**Expand postgraduate PGY1 and PGY2 residencies and research fellowships.**					
		PPRA Chair		New		In Progress

Assessment of Goal 3 Performance Measures:

The College successfully met half of its strategic Goal 3 objectives in AY 2015, which is unchanged from the last three years. Goal 3 measures were substantially revised this year, and therefore, data for this report is missing for most measures.

Overall, 67 % of Strategic Plan measures were accomplished in AY 2015.



Assessment of Curricular Success – I
Comparison to National Standards
(Red=unmet Goal; Green=Goal Achieved)

	National Comparisons	Goal	11-12	12-13	13-14	14-15	15-16
1	AACP Graduating Student Curriculum Survey	Mean aggregated survey score > national mean*	3.40	3.28	3.27	3.24	
2	AACP Alumni Curriculum Survey	Mean aggregated survey score > national mean*	NA	3.31	NA	NA	
3	AACP Preceptor Curriculum Survey	Mean aggregated survey score > national mean*	NA	NA	3.30	NA	
4	AACP Faculty Curriculum Survey	Mean aggregated survey score > national mean* for section VI - Curriculum	NA	NA	NA	3.35	
5	Pharmacy Curriculum Outcomes Assessment (PCOA)	Mean score > national mean score	NA	366	NA	369	
6	Pharmacy Curriculum Outcomes Assessment (PCOA)	Mean percentile class rank > 50th percentile	NA	53rd	NA	56th	
7	P3 Knowledge-based Exam (PCOA)	≥ 90% class scoring above 25th percentile	NA	97%	NA	90%	
	MPJE and NAPLEX Results	Goal					
8	Jurisprudence Exam Results (MPJE)	Mean score > national mean score	85.4	85.3	84.0	82.7	
9	Jurisprudence Exam Results (MPJE)	Pass rate > national mean score	96%	96%	95%	96%	
10	NAPLEX Exam–ISU Mean Total Scaled Score	Mean score > national mean score	103.7	102.4	98.67	97.22	
11	NAPLEX Exam –ISU Pass Rate	Pass rate > national pass rate	98.%	93%	92%	91%	
12	NAPLEX Exam Results – Pocatello	Mean score > national mean score	103	96.9	94.2	99.1	
13	NAPLEX Exam Results – Pocatello	Pass rate > national pass rate	97%	94%	89%	95%	
14	NAPLEX Exam Results – Meridian	Mean score > national mean score	105	105	104	96.9	
15	NAPLEX Exam Results – Meridian	Pass rate > national pass rate	100%	97%	100%	88%	
16	NAPLEX Exam Results – Area 1	Mean score > national mean score	12.7	12.8	12.3	12.2	
17	NAPLEX Exam Results – Area 2	Mean score > national mean score	12.4	12.0	12.3	12.1	
18	NAPLEX Exam Results – Area 3	Mean score > national mean score	12.9	12.7	12.9	12.2	
19	Teaching Site Comparison	NAPLEX scores between teaching sites < 1 standard deviation	NA	NA	NA	New	
	Traditional Measures		11-12	12-13	13-14	14-15	15-16
	Course Evaluations	Proportion of evaluation item scores ≥ 3.0*	96%	95%	97%	97%	
	Course Evaluations	Mean score ≥ 3.0 for teaching & learning related survey questions*	3.3	3.49	3.25	3.30	
	Endpoint Competencies Survey	P4 class with composite survey score ≥ 2.5**	NA	2.34	2.38	2.35	
	OVERALL PERFORMANCE		92%	63%	50%	53%	

* PCOA exam administered in place of annual knowledge-based exam (Percentile rank compared to national average)
** 4-point scale calculated as: (Strongly Agree=4, Agree=3, Disagree=2, Strongly Disagree=1)
# 3-point scale: (1=foundational skill, 2=early skill application, 3=advanced skill application)

Assessment of Curricular Success - II
Aggregated Measures of Student Performance

P1 Competency Assessment	Measure Definition	GOAL	2011-12	2012-13	2013 - 14	2014-15	2015-16
P1 Core Course GPA	Mean class GPA for Physiology I, II and BBDA II	≥ 2.5	2.64	2.56	2.47	2.27	
P1 Knowledge-based Exam	Class mean score	≥ 50%	45%	60.2%	51%	51%	
P1 Knowledge-based Exam	Proportion of class scoring within (-2 SD of the mean)	≥ 95%	94%	96%	97%	95%	
P1 IPPE Institutional Competencies	Proportion of class meeting competencies	≥ 95%	NA	93.7%	95.2%	97.4%	
P1 IPPE Community Competencies	Proportion of class meeting competencies	≥ 95%	NA	93.3%	96.2%	97.9%	
Student Portfolio	Mean class average for Portfolio activities	≥ 2.5	NA	NA	NA	New	
P2 Competency Assessment	**Measure Definition**						
P2 IPPE Competencies	Class mean score**	≥ 3.5	3.98	3.76	3.82	3.83	
P2 Core Course GPA	Mean class GPA for Renal Pulm, CV I, Endocrine modules	≥ 2.75	2.96	2.65	2.87	2.64	
P2 Knowledge-based Exam	P2 class mean score	> 60%	52%	65%	59%	55%	
P2 Knowledge-based Exam	Proportion of class scoring within (-2 SD of the mean)	≥ 95%	100%	100%	97%	95%	
P2 Case Studies Exam Scores	P2 mean Midterm and Final Case Study Exams	≥ 3.0	3.16	3.27	3.50	3.58	
P2 Patient-centered Skills – Faculty Evaluation	16 Item composite score	≥ 3.0	3.46	3.16	3.39	NA	
P2 Patient-centered Skills – Student Self-evaluation	16 Item composite score	≥ 3.0	3.26	3.56	3.17	NA	
Student Portfolio	Mean class average for Portfolio activities	≥ 2.5	NA	NA	NA	New	
P3 Competency Assessment	**Measure Definition**						
P3 IPPE Competencies	Class mean score**	≥ 3.5	3.62	3.78	3.69	3.79	
P3 Core Course GPA	Mean class GPA for ID I, CNS, Capstone modules	≥ 2.75	2.80	2.79	2.79	2.66	
P3 Knowledge-based Exam	P3 class mean* score	> 65%	51%	NA	64%	NA	
P3 PCOA Exam	Total class score > 50th percentile	>50th	NA	53rd	NA	56th	
P3 Case Studies Exam Scores	P3 mean for Midterm and Final Case Study Exams (Fall)	≥ 3.0	2.95	3.27	3.33	3.48	
P3 Patient-centered Skills – Faculty Evaluation	16 Item composite score	≥ 3.25	2.98	3.21	3.45	NA	
P3 Patient-centered Skills – Student Self-evaluation	16 Item composite score	≥ 3.25	3.53	3.54	3.34	NA	
Student Portfolio	Mean class average for Portfolio activities	≥ 2.5	NA	NA	NA	New	
P4 Competency Assessment	**Measure Definition**						
Course grade ≥ B	Proportion of class receiving >3.0 during APPE	≥ 90%	90%	78%	90%	90%	
Senior Seminar	Proportion of class with successful 1st time pass	≥ 95%	97%	97%	100%	96%	
Endpoint Competencies Survey	Composite score ≥ 2.5**	≥ 2.5	NA	2.70	2.38	2.35	
OVERALL PERFORMANCE			66.7%	81.0%	81.0%	70.6%	

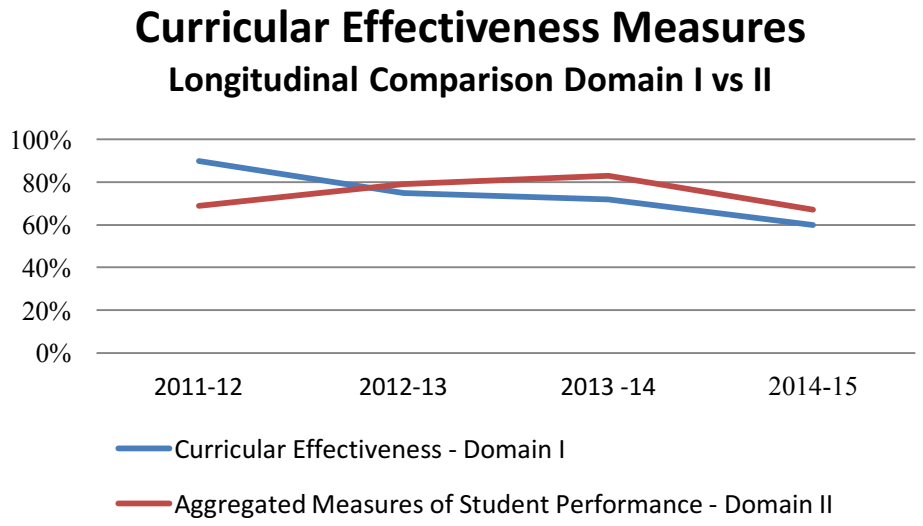
* 4-point scale calculated as: (Strongly Agree = 4, Agree = 3, Disagree = 2, Strongly Disagree= 1)
** 3 point scale = 1 – conceptual; 2- early application; 3- advanced application
NA=Not Administered; Red=criterion NOT met; Gold=criterion met

Assessment of Curricular Effectiveness Performance Measures:

Measures of Curricular Effectiveness during the AY 2014-15 include 47 individual metrics divided into two domains, although 15 measures were either new or not yet available for this report. Therefore, the overall accomplishment of Curricular Effectiveness Measures was 63% reflecting a slight overall decline from previous years.

The mean scaled NAPLEX licensure score and pass rates were again below the national average. Although lower than our stated performance goal (i.e., above the national average), the difference is unlikely to be of statistical significance. Again, it should be noted that curricular enhancements implemented in 2012-13 will not be reflected in NAPLEX scores for another year.

Individual student measures aggregated by curriculum year (P1-P4) achieved an overall domain II goal of 70.6%. Improvement in P1 year performance measures continued for a second year. However, for the first time, the mean Core Course GPAs for all three didactic years were below goal performance. The significance of this is unclear, but certainly warrants continued monitoring. A comparison of Domain I versus II curricular measures in shown in the figure below. The downward trend for Domain I over the last four years likely represents by below goal performance of the NAPLEX mean scores and pass rates.



Appendix A

ISU Graduates compared to National Benchmarks

Figure 1.

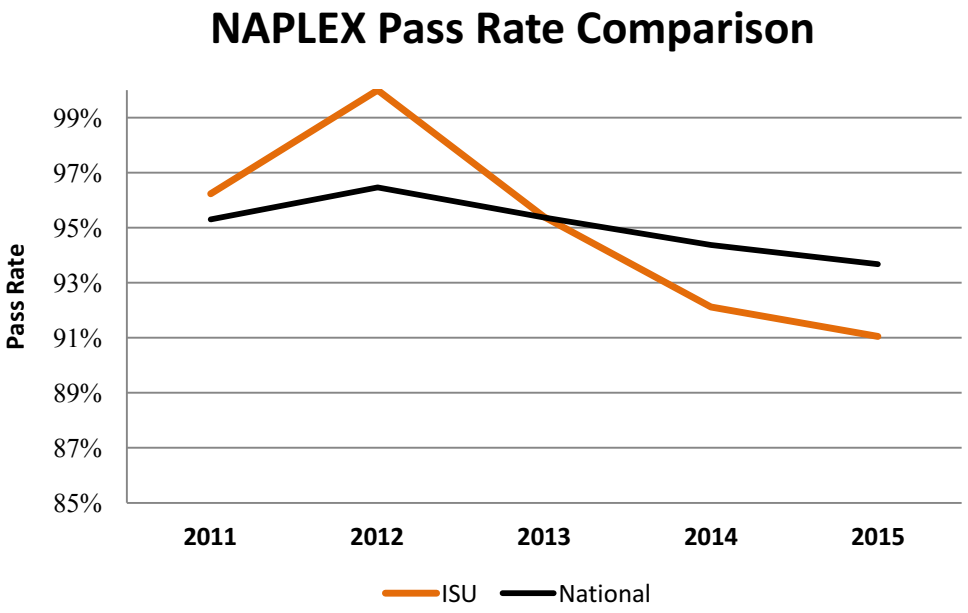


Figure 2.

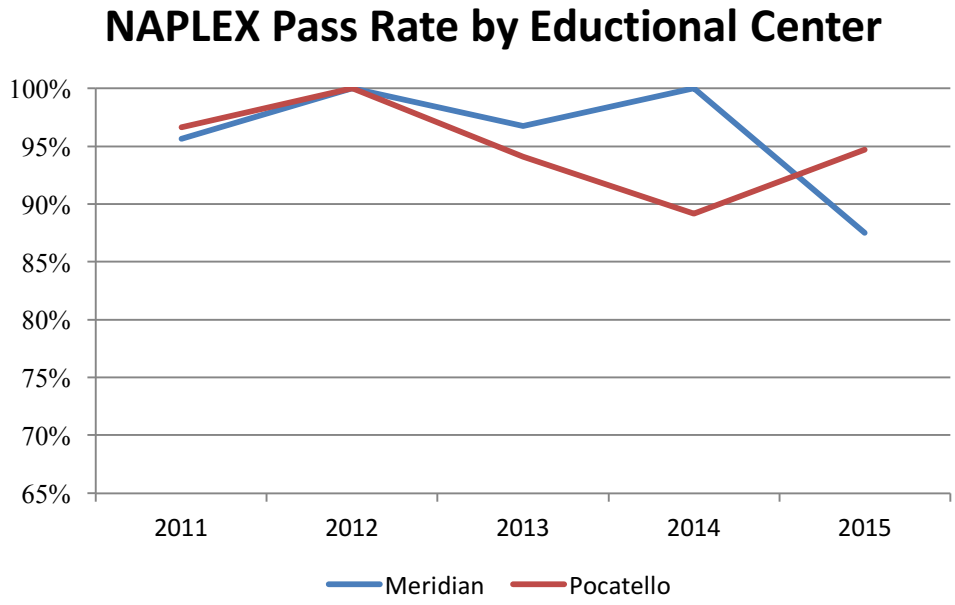


Figure 3.

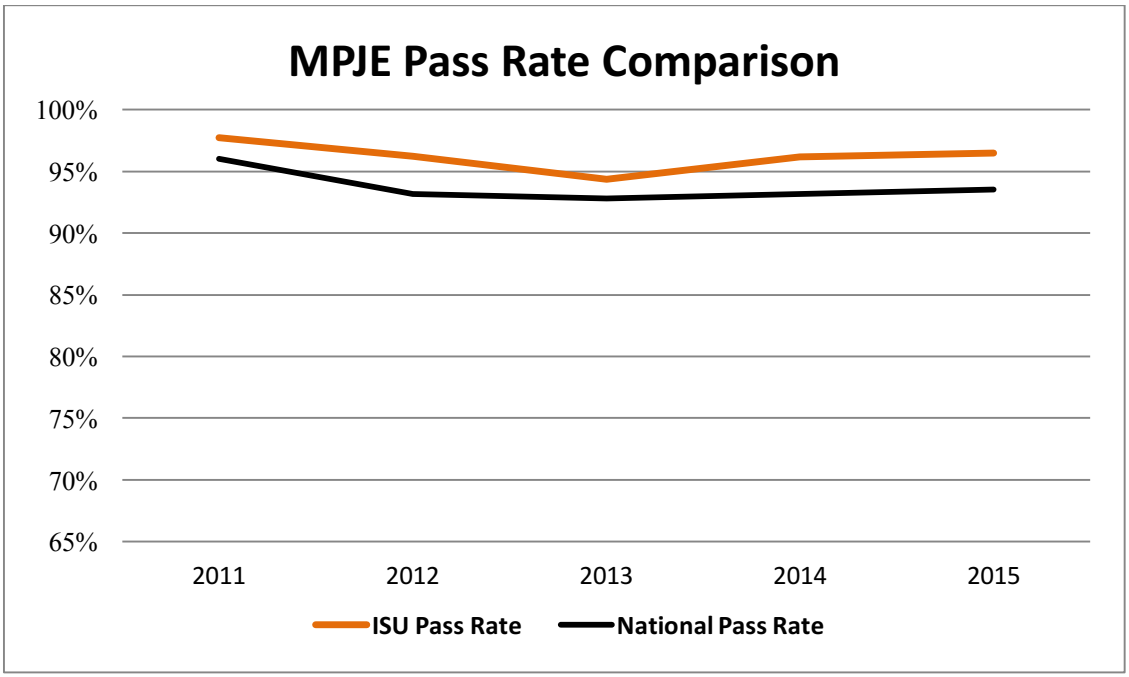
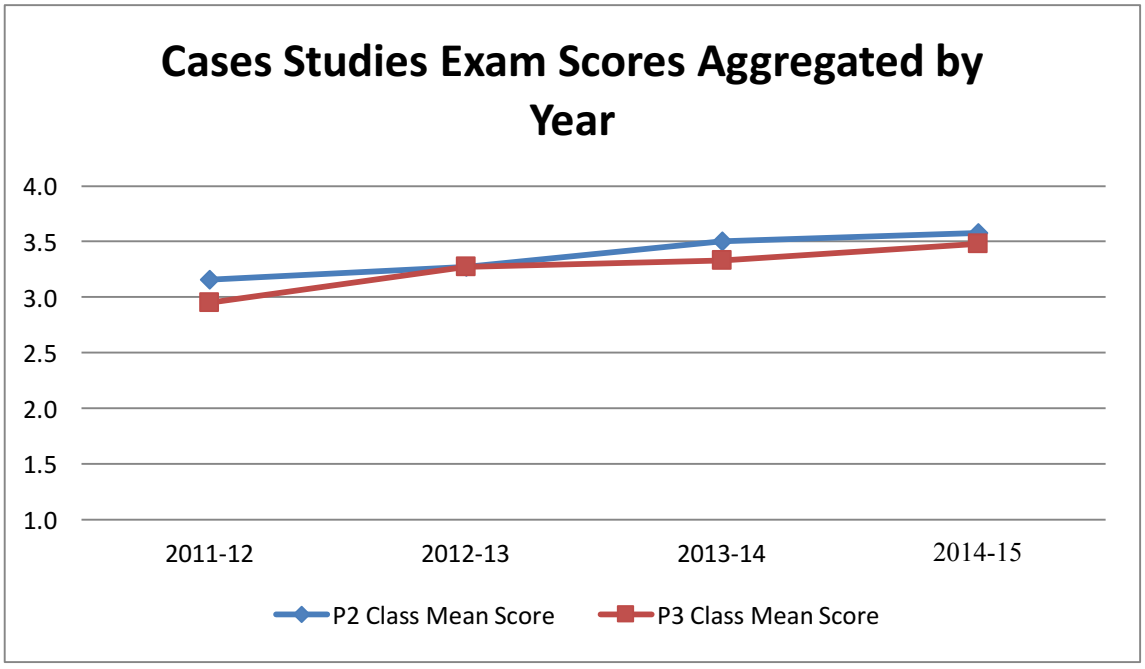


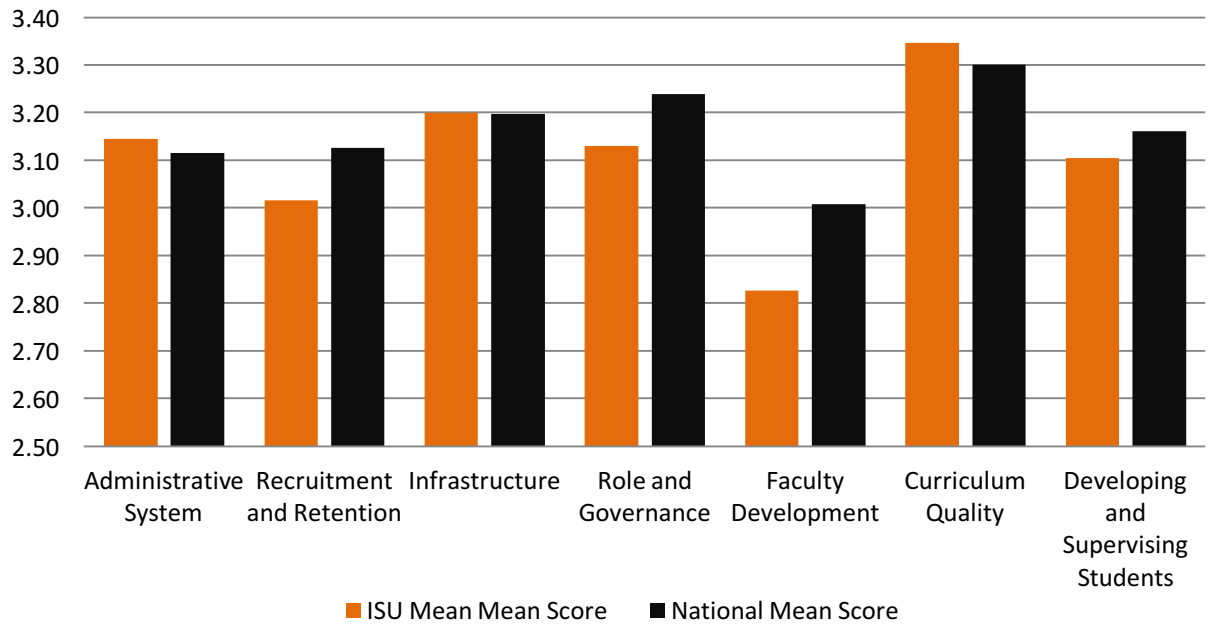
Figure 4



Appendix B

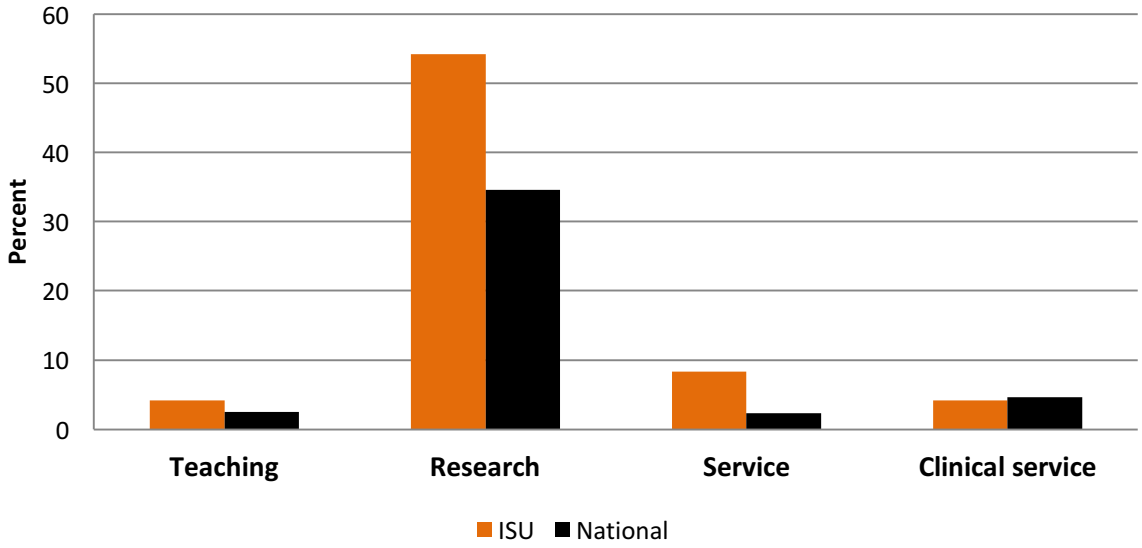
2015 AACP Faculty Survey

Response Rate = 65%



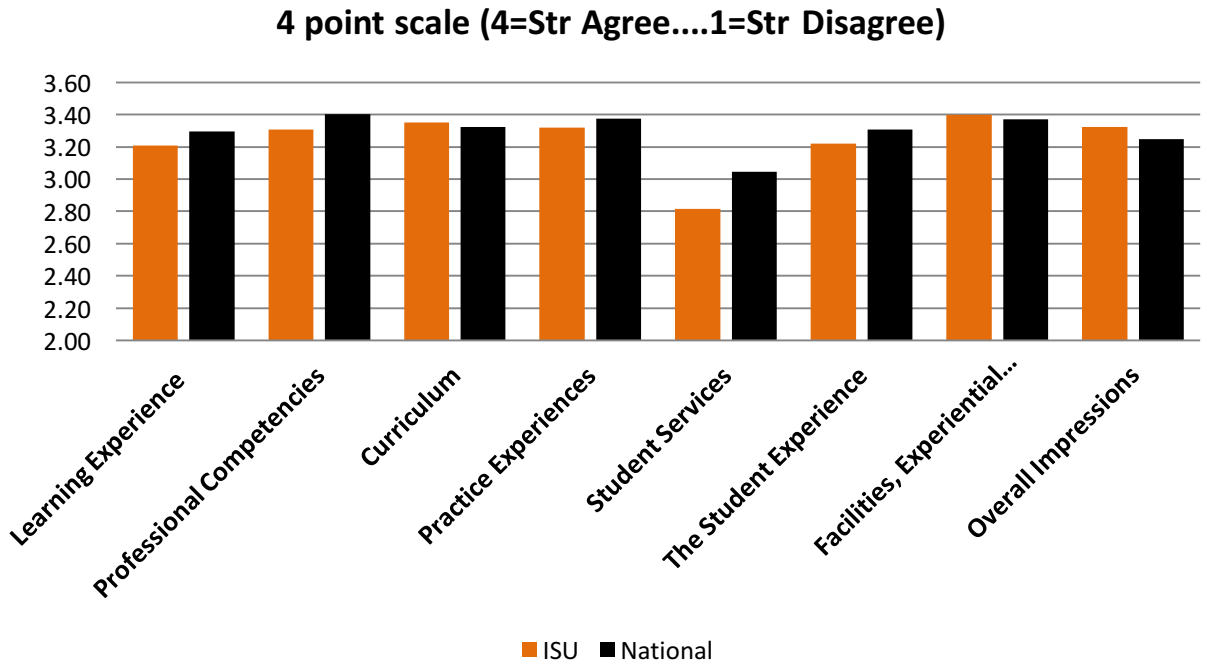
Too Little Time is Spent on:

% of Faculty that Agree



Appendix C

Figure 1. **2015 AACP Graduating Student Survey**



Total respondents n= 10,993 (72.5%) national, 63 (87.5%) ISU

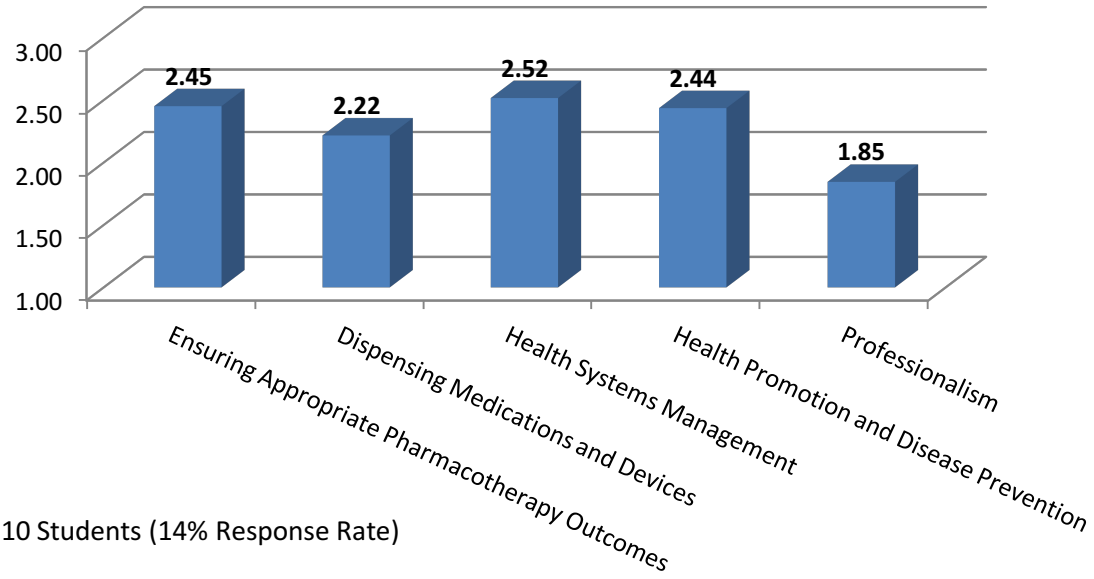
2015 AACP Graduating Student Survey Questions

(4=Strongly Agree to 1=Strongly Disagree)

Lowest Scoring Questions	ISU	Nat'l
37. My introductory pharmacy practice experiences were valuable in helping me to prepare for my advanced pharmacy practice experiences.	2.95	3.09
53. Academic advising met my needs.	2.81	3.09
54. Career planning and guidance met my needs.	2.84	2.92
55. Tutoring services met my needs.	2.77	3.06
56. Financial aid advising met my needs.	2.69	2.97
57. Student health and wellness services (e.g. immunizations, counseling services, campus pharmacy, primary care clinics, etc.) met my needs.	2.96	3.20

Appendix D
2015 Graduating Class End-Point Competencies Self-Assessment

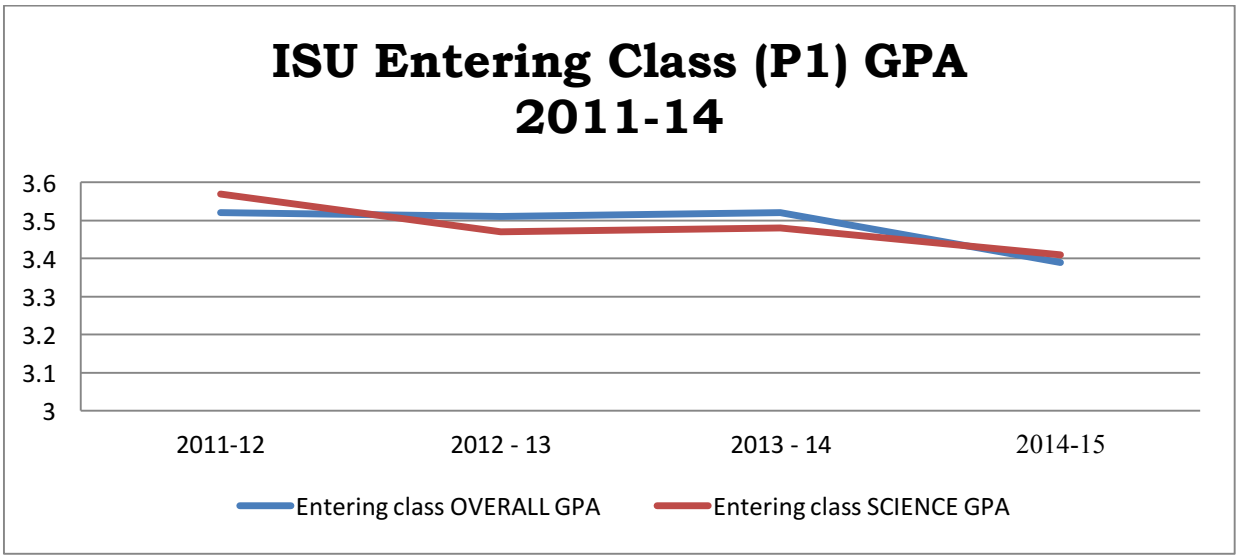
Figure 1.



N=10 Students (14% Response Rate)

3-point scale as follows:
1 = Foundational/Conceptual; 2=Beginning/Early Application; 3=Advanced Application

Figure 2.



Appendix E

Required Student Affairs Enrollment Data

Five Year Enrollment by Branch/Campus (2016 Site Visit)

	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
Pocatello	157	156	156	162	154
Meridian	117	131	135	131	128
TOTAL	**274**	**287**	**291**	**293**	**283**

Five Year Enrollment by Degree Pathway (2016 Site Visit)

	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
Traditional PharmD	274	287	291	293	283
Non-Traditional PharmD	120	98	107	72	49
TOTAL	**394**	**386**	**398**	**365**	**332**

Mean, Maximum & Minimum GPA Scores for Admitted Class

	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
Number Admitted	72	75	71	82	81
Maximum GPA	4.00	4.00	3.97	4.00	4.00
Minimum GPA	2.61	2.77	2.67	2.64	2.83
Mean GPA	**3.53**	**3.53**	**3.52**	**3.39**	**3.43**

Mean, Maximum & Minimum Science GPA Scores for Admitted Class

	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
Maximum GPA	4.00	4.00	4.00	4.00	4.00
Minimum GPA	2.81	2.74	2.74	2.83	2.80
Mean GPA	**3.57**	**3.57**	**3.48**	**3.41**	**3.43**

PharmD degrees conferred for past five years (2016 Site Visit)

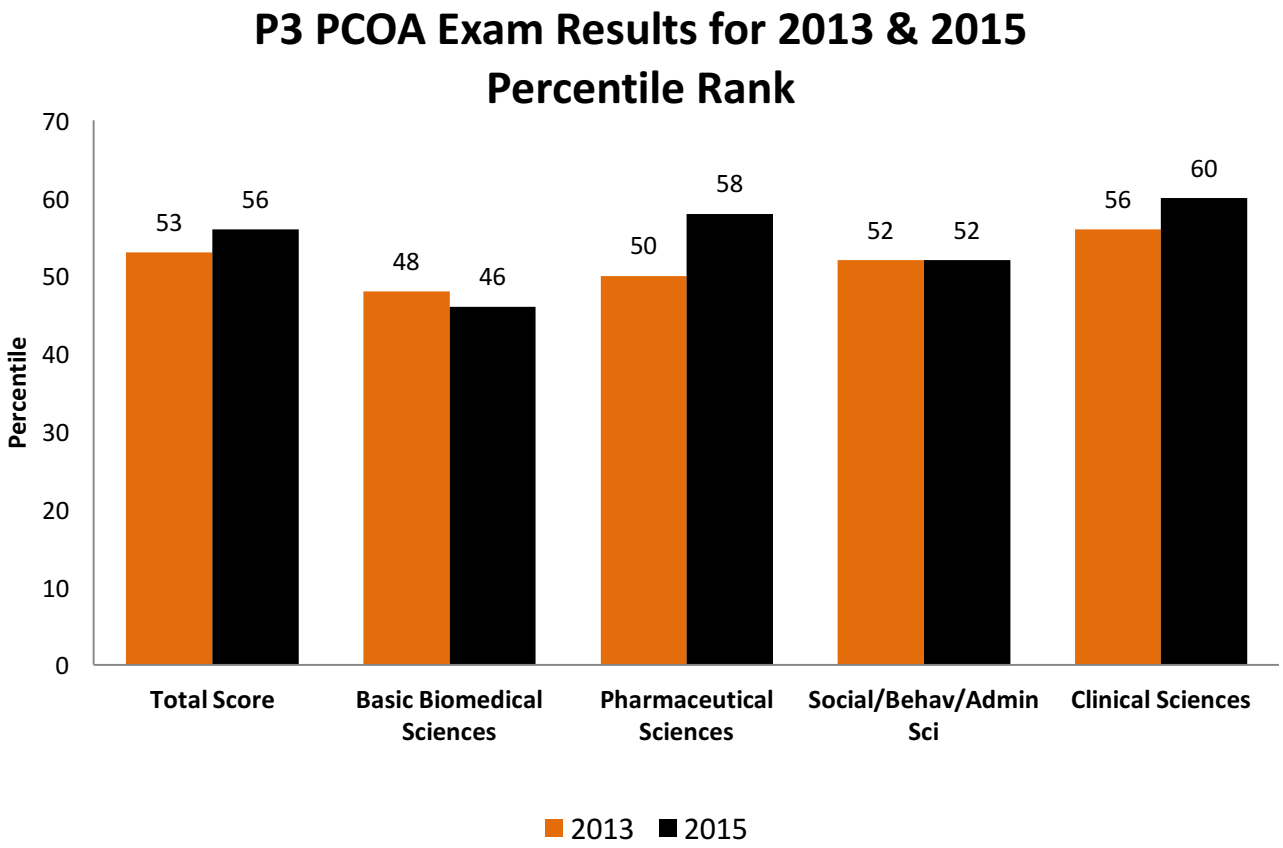
	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016
ISU PharmD Degrees	58	67	74	71	TBA
Non-Traditional PharmD	11	9	16	19	TBA

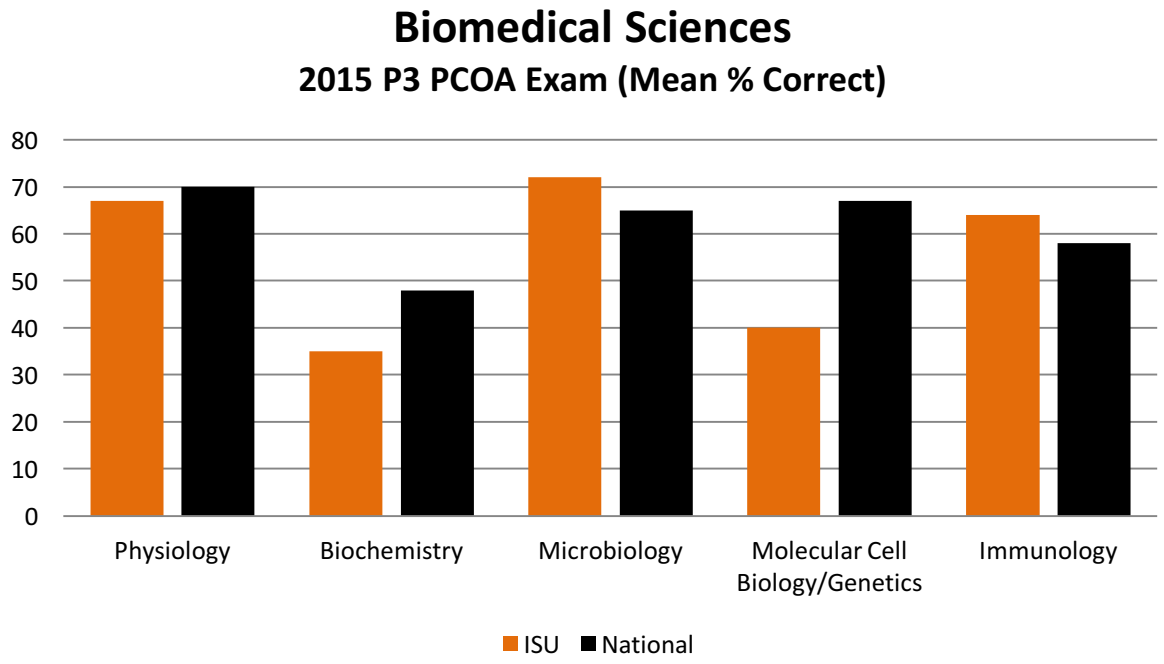
Appendix F

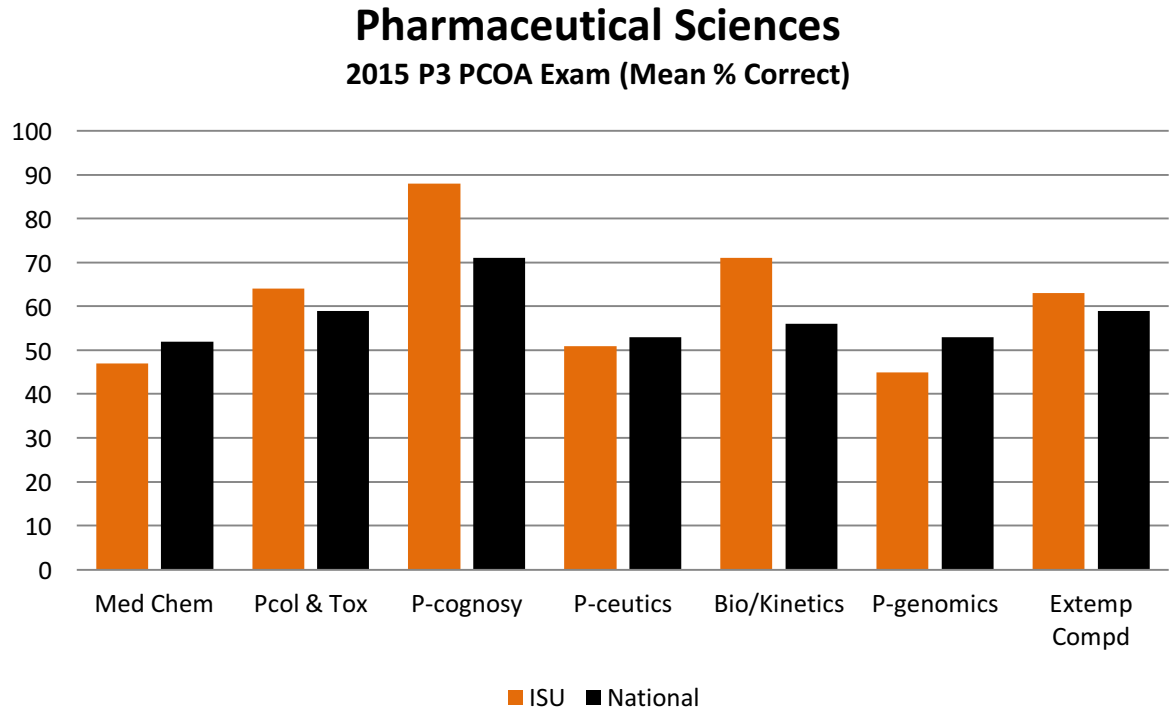
Annual Knowledge-based Examination Results

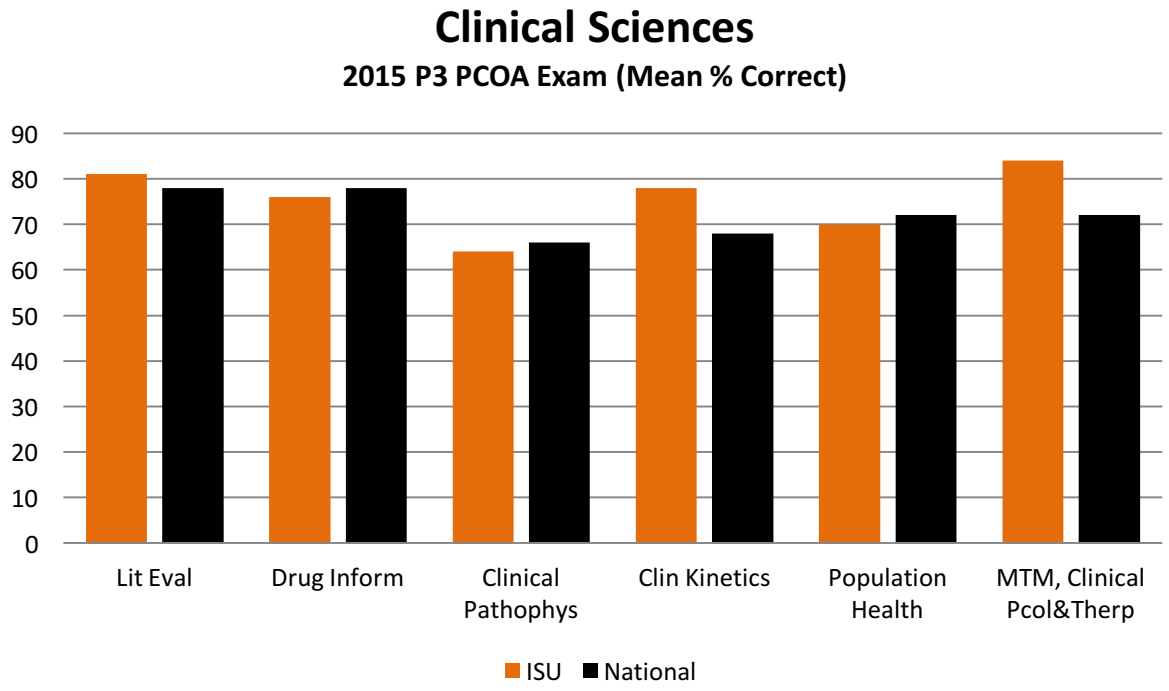
April 2015

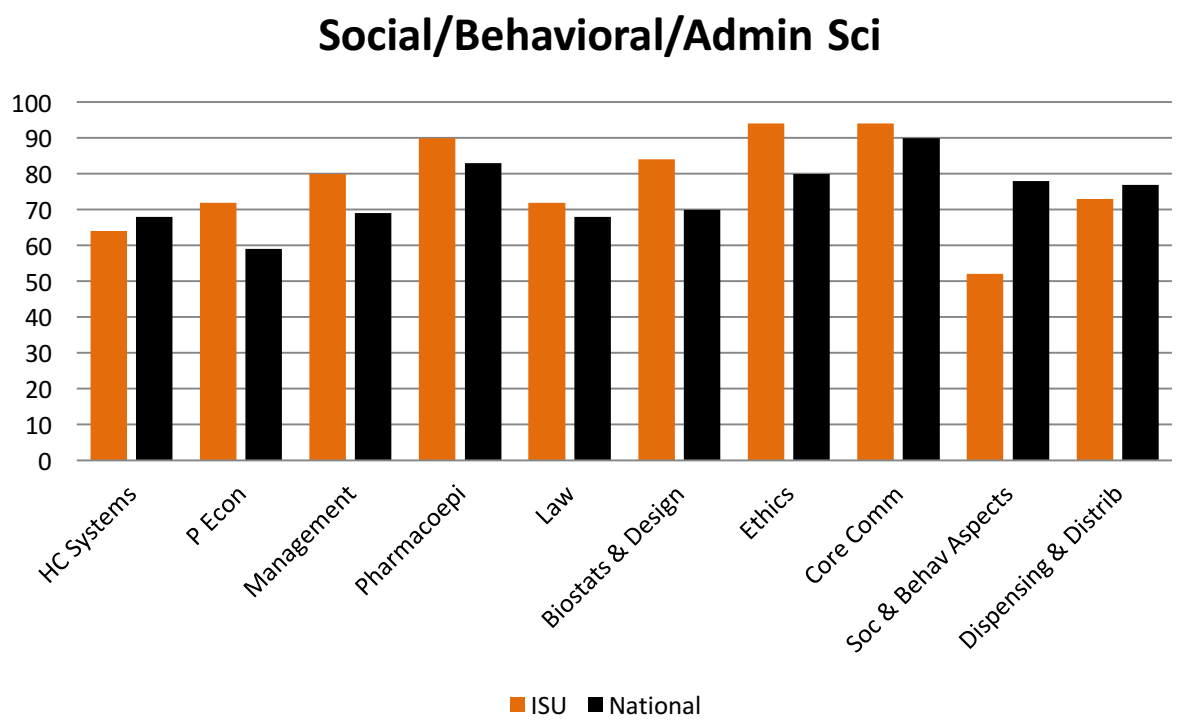
		Mean	Std. Dev.	Mean Raw Score	Std. Dev.	Mean Score (-2 SD)	# Students < (-2 SD)
COP Annual Assessment Exam (216 Questions)							
P1 Class Results	n=68	50.8%	8.0%	109.65	17.25	75.15	2
P2 Class Results	n=70	54.58%	8.45%	117.9	18.25	81.4	3
PCOA Exam Results							
		Mean Percent	**National Percentile**	**Mean Raw Score**			**# Students < 20th Percentile**
P3 Class Results	n=	68%	56th	369			3




Biomedical Sciences
2015 P3 PCOA Exam (Mean % Correct)
80
70
60
50
40
30
20
10
0
Physiology
Biochemistry
Microbiology
Molecular Cell Biology/Genetics
Immunology
ISU
National


Pharmaceutical Sciences
2015 P3 PCOA Exam (Mean % Correct)
100
90
80
70
60
50
40
30
20
10
0
Med Chem
Pcol & Tox
P-cognosy
P-ceutics
Bio/Kinetics
P-genomics
Extemp Compd
ISU
National


Clinical Sciences
2015 P3 PCOA Exam (Mean % Correct)
90
80
70
60
50
40
30
20
10
0
Lit Eval
Drug Inform
Clinical Pathophys
Clin Kinetics
Population Health
MTM, Clinical Pcol&Therp
ISU
National


Social/Behavioral/Admin Sci
100
90
80
70
60
50
40
30
20
10
0
HC Systems
P Econ
Management
Pharmacoepi
Law
Biostats & Design
Ethics
Core Comm
Soc & Behav Aspects
Dispensing & Distrib
ISU
National

Appendix G

2014-15 Course Evaluations

2014-2015 Required Courses	PHAR 9921 Biological Basis of Drug Action I	PHAR 9924 Physiochemical Basis of Drug Action	PHAR 9931 Health Care I	PHAR 9941 Intro to Pharmacy Practice I/w Lab	PHAR 9949 Human Physiology I	PHAR 9905 Intro to Clinical Problem Solving	PHAR 9922 Biological Basis of Drug Action II	PHAR 9926 Basic Pharmaceutics & Calculations	PHAR 9942 Intro to Pharmacy Practice II/lit eval	BIOL 9956 Human Physiology II	PHAR 9906 Case Studies in Pharmacy I	PHAR 9906 Lab Pharmacotherapy Lab I	PHAR 9927 Dosage Form Design	PHAR 9927 Lab Dosage Form Design Lab	PHAR 9961 Renal Pulmonary Module	PHAR 9962 Cardiovascular I Module	PHAR 9907 Case Studies II	PHAR 9907 Lab Pharmacotherapy Lab II	PHAR 9944 Health Care II	PHAR 9963 Cardiovascular II Module	PHAR 9964 Endocrine Module	PHAR 9965 Musculoskeletal/Pain Module	PHAR 9966 GI/Hepatic/Nutrition Module	PHAR 9908 Case Studies in Pharmacy III	PHAR 9908 Lab Pharmacotherapy Lab III	PHAR 9945 Health Care III	PHAR 9967 Infectious Diseases Module	PHAR 9968 Special Populations Module	PHAR 9948 Pharmacy Law	PHAR 9969 CNS Module	PHAR 9970 Hematology/Oncology Module	PHAR 9971 Capstone Pharmacotherapy	MEAN
Core items for course evaluations	**4 = strongly agree; 3 = agree; 2 = no opinion; 1 = disagree; 0 = strongly disagree**																																	
Previous course work adequately prepared me for this course	3.1	3.1	3.3	3.3	3.1	3.4	3.5	3.4	3.2	3.2	3.1		3.2	3.3	3.1	3.2		3.3	3.1	3.4	3.3	3.3	3.3	3.4		3.4	3.1	3.3	3.3	3.3	3.3	3.1	**3.2**
This course was presented at an appropriate time in the curriculum.	3.2	3.2	3.4	3.5	3.5	3.5	3.6	3.5	3.2	3.4	3.1		3.2	3.3	3.2	3.3		3.3	3.2	3.4	3.3	3.2	3.2	3.4		3.3	3.3	3.2	3.3	3.4	3.3	3.0	**3.3**
The course had little unnecessary repetition or overlap with other courses.	3.0	3.1	3.2	3.2	3.5	3.4	3.5	3.3	3.2	3.5	3.2		3.2	3.3	3.1	3.2		3.3	3.4	3.2	3.3	3.3	3.2	3.4		3.2	3.3	3.2	3.4	3.4	3.4	3.0	**3.3**
Course objectives were clearly defined and met.	3.2	3.0	3.4	3.4	3.3	3.4	3.6	3.5	3.0	3.2	3.1		3.2	3.3	3.0	3.3		3.3	3.2	3.2	3.3	3.3	3.2	3.2		3.2	3.3	3.2	3.3	3.4	3.3	2.9	**3.2**
Material presented in this coursee enhanced my knowledge and understanding.	3.2	3.1	3.3	3.4	3.6	3.5	3.8	3.6	3.0	3.4	3.2		3.3	3.3	3.3	3.3		3.3	3.2	3.4	3.3	3.3	3.2	3.4		3.2	3.4	3.2	3.3	3.5	3.3	2.8	**3.3**
Required course materials were suitable and useful for the course.	3.6	3.5	3.5	3.4	3.5	3.6	3.6	3.5	3.1	3.5	3.3		3.3	3.3	3.1	3.3		3.3	3.2	3.3	3.4	3.3	3.2	3.5		2.9	3.3	3.2	3.4	3.4	3.3	2.8	**3.3**
Testing, grading and other course procedures were clearly described and kept consistent throughout the course.	3.2	3.2	3.3	3.4	3.2	3.4	3.6	3.6	3.2	3.3	3.1		3.2	3.3	2.9	3.2		3.2	3.2	3.1	3.3	3.3	3.2	3.2		3.2	3.3	3.2	3.3	3.3	3.3	2.8	**3.2**
Feedback on assignments and test scores was provided in a timely manner.	3.4	2.7	3.4	3.5	3.3	3.5	3.7	3.6	3.1	3.2	2.9		3.3	3.4	2.9	3.2		3.3	3.2	3.2	3.4	3.3	3.3	3.1		3.1	3.4	3.3	3.4	3.5	3.3	2.9	**3.3**
Team taught courses																																		
The course was well coordinated.	3.3	3.3	3.4	3.3	3.9	3.5	3.8	3.5	3.2	3.7	2.9		3.3	3.3	3.0	3.1		3.2	3.3	3.2	3.3	3.4	3.2	3.1		3.2	3.1	3.2	3.4	3.3	3.3	2.6	**3.3**
There was little unnecessary repetition or overlap between lectures.	3.2	3.4	3.3	3.2	3.9	3.4	3.6	3.4	3.5	3.6	3.2		3.3	3.3	3.0	3.0		3.3	3.3	3.2	3.3	3.3	3.1	3.6		3.3	3.2	3.2	3.4	3.3	3.4	2.9	**3.3**
Use of distance learning and technology																																		
The course was delivered effectively at my site.	3.4	3.5	3.5	3.4	3.6	3.6	3.7	3.6	3.3	3.5	3.2		3.3	3.3	3.2	3.2		3.3	3.3	3.3	3.3	3.3	3.2	3.5		3.3	3.4	3.3	3.4	3.4	3.3	3.0	**3.4**

Course learning objectives were appropriate for distant learning.	3.4	3.5	3.5	3.4	3.6	3.6	3.7	3.6	3.4	3.4	3.2		3.3	3.3	3.2	3.2		3.3	3.3	3.3	3.3	3.3	3.2	3.6		3.4	3.4	3.3	3.4	3.4	3.3	3.1	**3.4**

2014-2015	**PHAR 9921**	**PHAR 9924**	**PHAR 9931**	**PHAR 9941**	**PHAR 9949**	**PHAR 9905**	**PHAR 9922**	**PHAR 9926**	**PHAR 9942**	**BIOL 9956**	**PHAR 9906**	**PHAR 9906 Lab**	**PHAR 9927**	**PHAR 9927 Lab**	**PHAR 9961**	**PHAR 9962**	**PHAR 9907**	**PHAR 9907 Lab**	**PHAR 9944**	**PHAR 9963**	**PHAR 9964**	**PHAR 9965**	**PHAR 9966**	**PHAR 9908**	**PHAR 9908 Lab**	**PHAR 9945**	**PHAR 9967**	**PHAR 9968**	**PHAR 9948**	**PHAR 9969**	**PHAR 9970**	**PHAR 9971**	
Teaching and learning methods																																
Teaching and learning methods were appropriate and effective for course goals and learning objectives.	3.1	3.1	3.4	3.4	3.3	3.5	3.6	3.5	3.0	3.4	3.1		3.3	3.3	3.1	3.2		3.3	3.2	3.2	3.3	3.3	3.2	3.4		3.2	3.3	3.2	3.3	3.3	3.3	2.7	**3.3**
Web-based or other technology utilized in this course supported my learning.	3.3	3.4	3.4	3.4	3.5	3.6	3.6	3.6	3.3	3.5	3.2		3.3	3.3	3.1	3.2		3.3	3.4	3.3	3.3	3.3	3.2	3.5		3.3	3.3	3.3	3.5	3.4	3.3	3.1	**3.4**
Mean for each course	**3.3**	**3.2**	**3.4**	**3.4**	**3.5**	**3.5**	**3.6**	**3.5**	**3.2**	**3.4**	**3.1**		**3.3**	**3.3**	**3.1**	**3.2**		**3.3**	**3.2**	**3.3**	**3.3**	**3.3**	**3.2**	**3.4**		**3.2**	**3.3**	**3.2**	**3.4**	**3.4**	**3.3**	**2.9**	

Appendix 3. ISU Comprehensive Assessment Plan

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IDAHO STATE UNIVERSITY

COMPREHENSIVE ASSESSMENT PLAN

Contents

1. Background

Idaho State University (ISU) has had multiple academic assessment programs over the years, but they have not endured over time. Prior to the Northwest Commission of Colleges and Universities (NWCCU) Year Seven Mission Fulfillment and Sustainability Report findings in January 2015, ISU's faculty and administration recognized the Institution was lacking a cohesive university-wide assessment plan. As a result of the Year Seven Comprehensive Self Evaluation, the Executive Vice President/Provost directed Institutional Effectiveness to establish a university-wide assessment program for evaluating academic programs and non-academic units. The NWCCU states on page 21 of its Accreditation Handbook (2015 Edition):

> The institution systematically applies clearly defined evaluation and planning procedures, assesses the extent to which it achieves its mission and core themes, uses the results of assessment to effect institutional improvement, and periodically publishes the results to its constituencies. Through these processes it regularly monitors its internal and external environments to determine how and to what degree changing circumstances may impact the institution and its ability to ensure its viability and sustainability.

Faculty, staff, and the administration at ISU have long recognized the need for and have embraced assessment. More than a third of ISU's academic programs currently have assessment plans in place. Regarding non-academic assessment, Student Affairs has completed an evaluation of the student learning and the services it provides. Additionally, in Summer 2014, Program Review became fully integrated into the decision-making process. This plan formalizes a comprehensive assessment system within ISU. It is designed to further the evolution of academic program and non-academic unit assessment by providing guidance and tools to formalize the methods already in use to evaluate student learning and services at ISU.

Definitions

The following definitions apply to this plan.

- Program: a collection of academic courses leading to a certificate or degree
- Unit: a non-academic organization
- Service: an administrative function of a unit that supports a student or stakeholder

What is Assessment?

Assessment uses a systems approach to collect data through multiple and diverse methods, then analyzes the data to evaluate the effectiveness of ISU's academic programs and non-academic services for the purpose of improving student learning outcomes and essential services. Assessment is not a tool used to evaluate faculty or staff, but to evaluate student learning and services that are essential elements of the institution's mission.

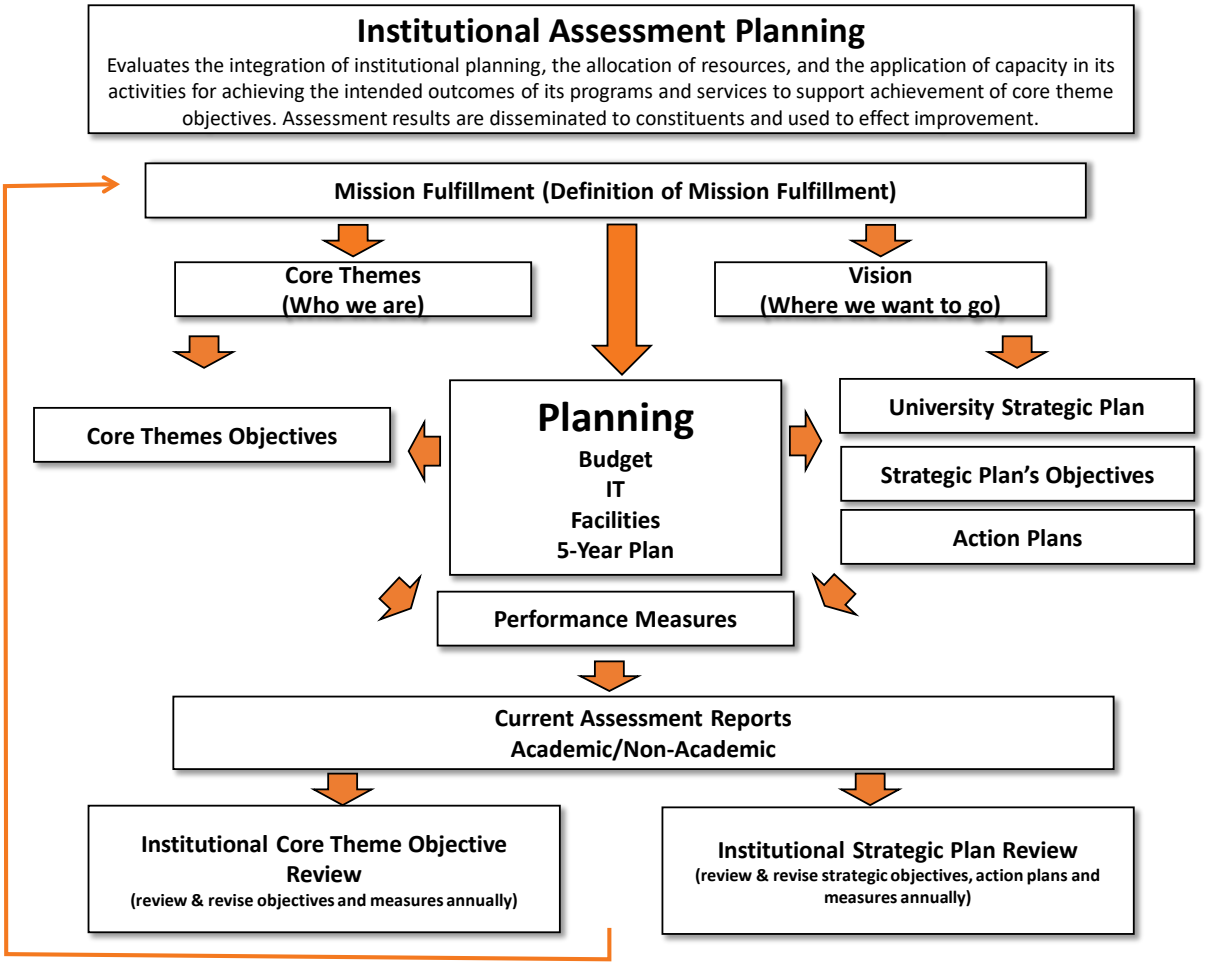
Why is Assessment Important?

Assessment provides insight into how well ISU is achieving its mission. ISU's mission reads:

> Idaho State University is a public research-based institution that advances scholarly and creative endeavors through academic instruction, and the creation of new knowledge, research, and artistic works. Idaho State University provides leadership in the health professions, biomedical, and pharmaceutical sciences, as well as serving the region and the nation through its environmental science and energy programs. The University provides access to its regional and rural communities through the delivery of preeminent technical, undergraduate, graduate, professional, and interdisciplinary education. The University fosters a culture of diversity, and engages and impacts its communities through partnerships and services.

ISU established an institutional assessment planning process to support achieving mission fulfillment. Assessing student learning outcomes and non-academic services are key elements that directly support accomplishing ISU's core themes, the strategic plan, and mission fulfillment.

Figure 1. Institutional Assessment Planning Process



Effective assessment programs should answer four questions (Hutchings and Marchese, 1990):

1. What are you trying to do?
2. How well are you doing it?
3. Using the answers to the first two questions, how can you improve what you are doing?
4. What and how does the unit contribute to the development and growth of students?

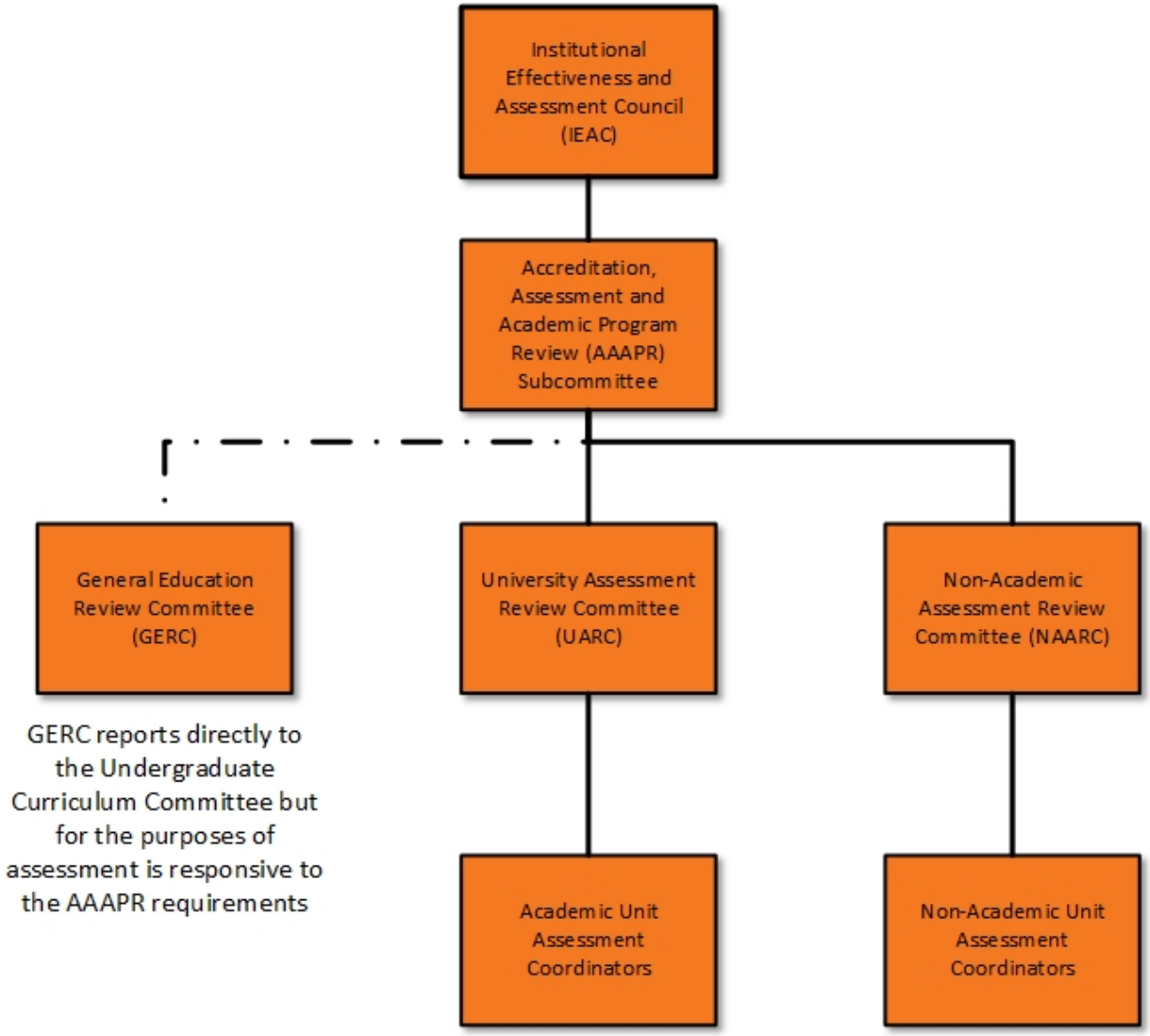
Principles that affect assessing student learning and services come from a variety of professional education organizations including the American Association of Higher Education. Listed below are some of the key factors that have proven themselves over time, and should be incorporated into the academic program and non-academic unit assessments.

- *Systematic:* The process of assessment is ongoing and continuous evolving as it repeats over time.
- *Mission Statement:* The assessment process uses the unit, department, or program's mission statement to define the goals and objectives.
- *Ongoing and Cumulative:* Over time, assessment efforts build a body of evidence to improve programs or services.
- *Multi-faceted:* Assessment information is collected on multiple dimensions, using multiple methods and sources from across campus.
- *Pragmatic:* Assessment is used to improve the campus environment, not simply collected and filed away.
- *Goal Oriented:* Clear, shared, implementable goals are the cornerstone for assessment.
- *Relevant:* The point of assessment is not to gather data and return "results"; it is a process that starts with the questions of decision-makers, that involves them in the gathering and interpreting of data, and that informs and helps guide continuous improvement whether it is focused on a program or a unit.
- *Tied to Decision-Making:* Assessment drives decision making throughout the University.
- *Accountability:* It fulfills the University's obligation of accountability to the public, but more importantly, it drives improvement.

2. ISU's Assessment Framework

In 2015, ISU established the Institutional Effectiveness and Assessment Council (IEAC), with its primary purpose to set university priorities and to coordinate planning efforts across units as a means of eliminating planning silos. It is also an IEAC charge to develop a University assessment program. This charge falls to IEAC's Accreditation, Assessment & Academic Program Review (AAAPR) subcommittee to carry out this requirement. The AAAPR coordinates efforts between permanent and Ad hoc organizations, and advises the IEAC on matters related to accreditation and assessment. The General Education Requirements Committee (GERC), University Assessment Review Committee (UARC) and the Non-Academic Assessment Review Committee (NAARC) all have responsibility for portions of the assessment planning process. All three committees have the Associate Vice President for Academic Affairs, who is responsible for the University assessment, serving as a member to maintain alignment and consistency. This structure ensures alignment throughout the organization.

Figure 2. ISU's Comprehensive Assessment Program Framework



University Assessment Review Committee (UARC)

An example of the institution's commitment to assessment is the UARC. The Committee provides support for faculty involved in assessment processes. The UARC will recommend changes to program review that will streamline and improve the process, and will establish standards for student learning outcomes, and a structure for a bi-annual university assessment report. UARC is also reviewing assessment software and will make recommendations to Academic Affairs and the AAAPR committee regarding next steps later this summer. Once this recommendation is made, the University will determine next steps and timeline for purchasing an assessment software with the intent that it will be available to all academic programs and non-academic units as appropriate.

Non-Academic Assessment Review Committee (NAARC)

The NAARC has responsibility for assisting the non-academic units with developing their objectives and measures, establishing training for the units and evaluation teams, and providing oversight over the

evaluation process to include establishing and maintaining the schedule and creating evaluation teams. The NAARC is composed of members from each of the Institution's non-academic units: Advancement, Athletics, General Counsel, Finance, non-programmatic units in Academic Affairs, Facilities, Student Affairs, Research, Library, Human Resources, and Information Technology Services. Each member represents their area of responsibility and provides information to their subordinate organizations.

General Education and Requirements Committee (GERC)

The purpose of GERC is to consider all courses and policies that relate to the University's general education requirements; to evaluate, on a regular basis, the University's general education courses for appropriateness, rigor, and assessment; and to make general education curricular recommendations based on these evaluations to the UCC. The general education objectives are reviewed on a staged, 5-year cycle; not all of the objectives need be evaluated at once.

GERC is a subcommittee of the Undergraduate Curriculum Council (UCC). Although GERC has a direct reporting line to the UCC, the AAAPR has indirect oversight to ensure the state and ISU's assessment standards are being met and alignment is occurring. GERC includes representatives from all academic programs as voting members. Representatives from Academic Advising, the Registrar's Office, Instructional Technology Services, Academic Affairs, and Curriculum Council attend meetings but do not vote. Minutes from GERC meetings are posted on the University's website.

GERC members also represent ISU's interests by coordinating with representatives who serve on the State Board of Education's General Education Committee. General Education in Idaho follows the Governing Policies and Procedures III.N. of the Idaho State Board of Education. SBOE policy mandates six objectives: written communication; oral communication; mathematical ways of knowing; scientific ways of knowing; humanistic and artistic ways of knowing; and social and behavioral ways of knowing. In addition, each Idaho institution must have six credits of general education in institutionally designated credits. ISU students take one course in cultural diversity, and one course in either critical thinking or information literacy. The nine objectives encompass 36 student learning competencies.

The General Education Program at ISU is diverse and includes courses from all academic programs. While the majority of general education courses are housed in the Colleges of Arts and Letters and Science and Engineering, the other academic programs are represented as well.

Consistent and regular assessment of general education courses is relatively new at ISU. Before 2015, some general education courses were assessed by their departments as a part of program review or specialized accreditation assessment, but were not part of a university-wide effort to evaluate the general education program as a whole. At ISU, GERC oversees the assessment of general education courses. GERC reviews courses that have applied for inclusion in the general education program and acts on the applications. An assessment plan is included in the application. Consequently, all general education courses submit assessment plans to GERC before beginning assessment activities; GERC reviews the assessment plans and either approves them or remands them back to the submitting departments with recommendations for improvement.

A plan was developed for departments to design and submit assessment plans to GERC for approval, and then to submit annual assessment reports. This plan, approved by the Provost in April 2015, is shown in Appendix 1 (GERC Flow Chart) and the processes and resources are described on the GERC web page. GERC is currently on track to meet the deadlines shown in the plan; the first round of assessment

reports were submitted in November 2016. Results for Year 2 of the reporting process are due on November 1, 2017; in addition, Objectives 1 (Written Communication) and 2 (Oral Communication) will be reviewed by the Objective Review committee in Fall 2018 as part of the overall objectives process.

As of April 17, 2017, assessment plans for all but one general education course were submitted to GERC for review, for a total of 159 courses. As of April 25, 2017, GERC had approved 144 plans. Additional information can be found at the GERC web site.

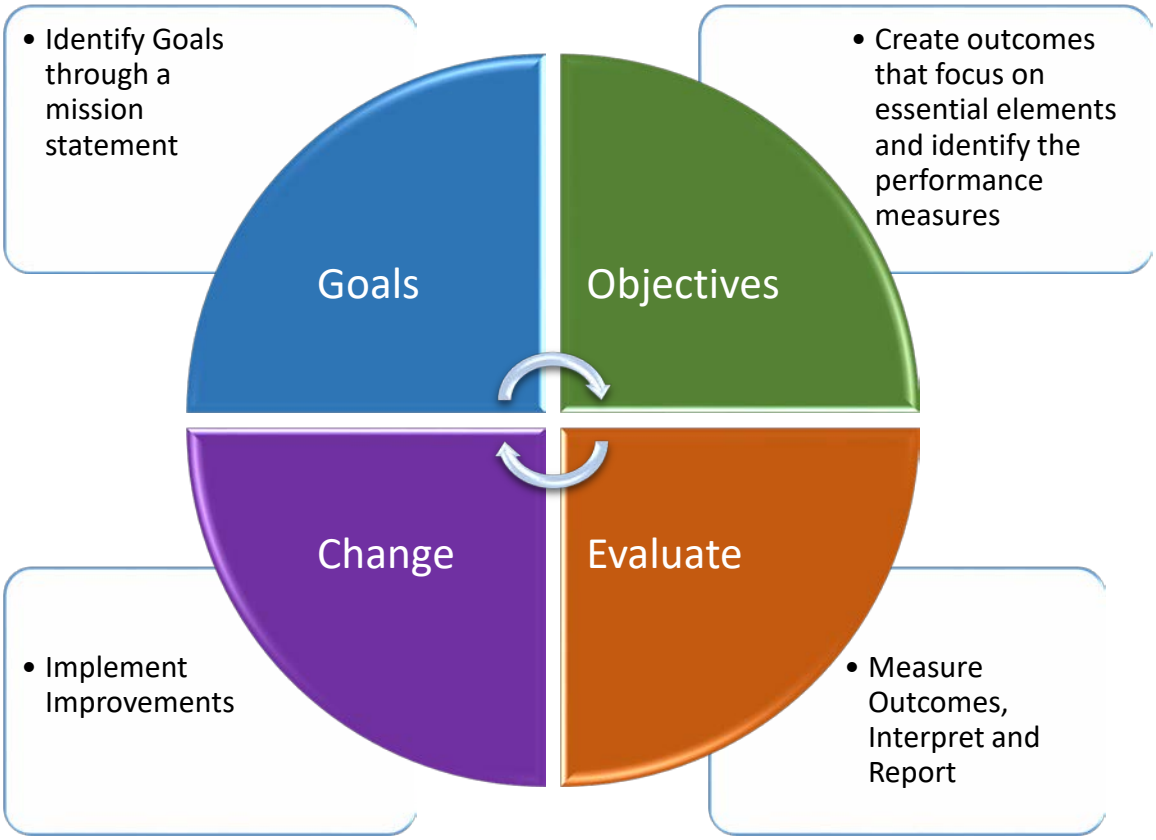
Institutional Research (IR)

ISU has one of the nation's premier organizations dedicated to identifying, tracking, and measuring data. Institutional Research (IR) can assist programs and non-academic units with establishing data collection techniques and creating reports that supports their assessment requirements. IR already provides a great deal of information and academic intelligence accessible to the colleges on its website.

3. How ISU Assesses Programs and Services?

This part of the handbook outlines how ISU will assess both academic and non-academic units and programs across the Institution. It also breaks out academic assessment and non-academic assessment because, in many cases, academic assessment is specific to a department or program, whereas non-academic units can utilize standards established by nationally recognized professional organizations. Organizations will follow the assessment process below, regardless of whether the assessment is being completed by an academic program or non-academic unit. This four-step model supports both academic and non-academic units through the steps necessary to create an assessment plan of their own to identify outcomes in student learning or services.

Figure 3. Idaho State University's Assessment Model



Identify Goals: The first step for any program or unit is to set goals but to do this, they must establish a mission statement. The mission statement is composed of essential elements that encompass the purpose of the organization. The mission statement must also align with the University's and if it has one, its parent unit.

Elements that compose a mission statement:

- Be clear and concise
- Be distinctive and specific to the program or unit
- State the purpose of the unit
- Indicate the unit's essential elements
- Identify the stakeholders
- Identify any clarifying statements that are specific to the unit
- Align with the Department, College, and University mission statements

Outcomes: Once a mission statement is complete, the program or unit will use its essential elements to create outcomes to form the objectives. The objectives will be specific, measurable, attainable, relevant, and time-bound (SMART). The objectives will have a single focus and not be bundled. The program or unit will provide a measure that is feasible, accurate, and reliable, utilizing quantitative, qualitative, or mixed methods data collection techniques. The objectives will stretch the capabilities of the program or unit while still being attainable and realistic. The objectives will occur over a defined

timeframe. The objectives should focus on the desired end-state and not the means of getting there. Additionally, non-academic units must define the customer or the stakeholder.

Academic programs will focus their objectives on improving student learning while non-academic units, depending on their mission, have the discretion to shape their objectives to improve student learning or creating a service oriented outcome. Service oriented unit objectives will focus on improving the program's efficiency, effectiveness, or communication with a customer or stakeholder.

For each objective, programs and units must have at least one performance measure, but up to three is best. There is a tendency to have too many performance measures, which can be as detrimental as having too few. Each performance measure needs to be defined, and the timing of the data collection must correspond to the timing the report is due.

An assessment measure should provide meaningful, actionable data that the unit can use to base decisions. Direct or indirect measures are the two methods used for assessing outcomes.

- Direct measures of assessment measure what a student knows or can do, and the faculty or staff member makes a decision regarding what a student learned and how well it was learned.
- Indirect measures focus on a student's perception and satisfaction with the service, and the student decides what he or she learned and how well it was learned.

Direct assessment is the most effective form of assessment when measuring a single objective. It provides the faculty or staff member with clear and actionable information. Indirect methods alone do not provide adequate information about the outcome and should be supplemented with direct measures to provide a more comprehensive view of the outcome. Indirect measures should be used to seek a student, customer, or stakeholder's view of the program or service.

Examples of direct assessment measures include:

- Pre and post-tests
  - Multiple-choice test question
  - Essay test question
- Course-embedded assessment (e.g., homework assignment; essays, locally developed tests)
- Comprehensive exams
- Standardized test
  - National Major Field Achievement Tests
  - Certification exams, licensure exams
- Portfolio evaluation
- Case studies
- Reflective journals
- Capstone projects
- Class project (individual or group)
- Internship and clinical evaluation
- Performance piece (e.g., musical recital)
- Poster presentation

Examples of indirect assessment measures include:

- Exit interviews
- Surveys
  - Departmental survey
  - Alumni survey
  - Employer survey
  - Survey of current students
  - Survey of faculty members
  - Survey of internship supervisors
  - Survey of graduates
  - Survey of employers
  - Survey of transfer institutions
- Focus groups
- Job placement statistics
- Graduation and retention rates
- Percentage of students who study abroad
- Classroom Assessment Techniques

The strategies to establish the measures include:

- At what point in the process will the methods for measurement be used?
- Who will be involved in the assessment plan?
- Who is the sample?
- What is the timeline?
- Who will collect the results?
- Who will tabulate the results?
- How will the results be disseminated?

Faculty or staff members perform many of these examples of assessment measures as part of their program or unit's activities and can create objectives using existing assignments or activities to measure student learning and service effectiveness. If a faculty or staff member creates an objective that cannot be measured using an existing assignment or activity, then they will have to develop an assessment that supports measuring that objective. For the faculty member, another option to save time is to assign a term paper that measures a program goal instead of rating multiple assignments.

Measure Outcomes and Evaluate: At this stage in the process, the program or unit will begin assembling the assessment information based on the designated timeframe and other requirements identified upon acceptance of the objective. After assessment information is collected, the results should be aggregated, analyzed, and communicated in useful ways to the faculty or staff member who will decide whether expected levels of achievement have met the outcome's goal.

Questions to Consider:

- What does the data indicate about the quality of services provided?
- What does the data indicate about the satisfaction of the client?
- Are there specific areas where performance is outstanding or weak?
- Do you see specific areas where you would like or expect to see higher performance levels?

- What was the most valuable thing learned from the assessment results?
- Was the assessment tool sufficient or does it need revision?

Improvements: This step in the process closes the loop, but it is often overlooked because many times the assessment results are forgotten until it is time to conduct the next evaluation or complete accreditation. This step offers the faculty or staff member the opportunity to use analyzed data to drive decision-making and realize improvements through the creation of action plans.

Action plans are short-term operational plans used to facilitate change and could have an immediate impact on the outcome if properly implemented. Like the objectives, they are written using the acronym SMART and have associated performance measures to track their progress toward supporting the objective.

What action plans and closing the loop should accomplish:

- Provide data to base decision-making in the unit
- Provide a process to measure performance
- Address gaps or weaknesses with unit operations
- Set forth an action plan to improve unit operations
- Identify a process to assess the effect of changes to a unit
- Enhance or improve efficiency in the daily functions of the unit
- Provide a documented process of measuring performance against ISU's mission

Assessment Review Requirement

Evaluating the quality of a program or units' assessment plan is an ongoing practice. Programs and units will complete a review their assessment programs every three years. The review will ensure that their objectives and measures are still valid, informative, reliable, realistic, and familiar. Programs and units will document the changes made to their assessment program and include it as part of their evaluation.

Utilizing Technology

ISU is in the process of evaluating different enterprise assessment tools that will support both academic and non-academic assessment. Programs that do not currently utilize an automation tool and all non-academic units will use the enterprise assessment tool purchased by the University. The administration will provide training. Programs and units will have one year upon completion of their training to input their assessment programs into the tool and report their status to their assessment coordinator. Programs already utilizing an assessment tool do not have to transition to the University tool unless they chose to.

4. Academic Assessment

Who is Responsible for Academic Assessment?

Faculty members have something that few administrators have, direct influence and contact with students. That is why academic assessment planning starts with the faculty member in the classroom while administrators have the responsibility to coordinate it at the department, college and university levels. Putting together an assessment plan can be a time consuming task for faculty members, but

without an assessment program, it is impossible to know if students are meeting course, program, or university learning expectations. Faculty members and administrators must work together to agree on what standards they should assess and how to implement improvements based on the evaluated the outcomes.

Student learning Outcomes

Faculty members and administrators will use the information in Section 2 to establish an assessment plan for each of the programs within their colleges. The UARC will coordinate across the university to recommend university-wide student learning outcomes to evaluate students' progress but the assessment experience should remain at the lowest levels to allow faculty the ability to evaluate the needs of their students and maintain course and program quality. Faculty members are best situated to design instruments for evaluating student performance, and to recommend solutions and implement curricular changes when assessment results identify gaps or issues in student learning.

Evaluations (Assessment reporting and recommended actions)

Currently, assessment is taking place across the University in a number of programs. Specialized accreditation standards typically require assessment, and consequently a large portion of our students, including all students in the Kasiska Division of Health Sciences and the College of Business and many students in other academic programs, are enrolled in programs that conduct extensive, comprehensive assessments. In addition, General Education courses are now undergoing regular assessment according to the timeline posted on the General Education Requirements Committee website. Finally, programs not covered by specialized accreditation are required to undergo regular program reviews. While assessment has been a part of program review in the past, the UARC plans to increase the role of assessment in these reviews and establish standards and templates for conducting assessment.

The program review process is being evaluated with the intention of streamlining and improving the process. Currently, review of programs without specialized accreditation takes place every five years, and the schedule for review is posted on the Academic Affairs website. Programs conduct a self-study and then undergo review by two reviewers, one external to ISU, and one from within ISU but outside the department being evaluated. The results of the external review, including an action plan, are submitted to the dean of the academic unit and to the Provost for final approval. If necessary, or if there are concerns, the Provost may refer reviews to the IEAC's AAAPR subcommittee.

Timeline

Over the next twelve months, the UARC will identify and recommend for purchase assessment software that may be used across the institution; will establish standards for student learning outcomes; and will establish a structure for an annual ISU assessment report, by specifying reporting times, templates, and standards.

Support

Faculty who need assistance creating their assessment plans can seek help from the UARC, until an assessment coordinator can be hired.

5. Non-Academic Assessment

The non-academic unit assessment plan's primary focus is to improve organizational performance that is directly and indirectly tied to student success and stakeholder support. Units that provide services without an assessment program fail to recognize shortcomings and evolve.

Standards

Whenever possible, units will utilize national assessment standards to evaluate their organizations. Non-academic services are fairly standardized unlike academic programs that vary significantly between universities. An example of a national set of standards is those established by the Council for the Advancement of Standards in Higher Education (CAS). CAS provides evaluation objectives for multiple areas within Student Affairs, Academic Affairs, and other student support areas. Additional non-academic units like Research, Facilities, Information Technology, or Finance may have standards available by national organizations.

If a unit does not have a national organization's assessment standards to follow then they will establish their own objectives, measures, evaluations, and action plans using the guidance above in Section 2 and the in a document that the NAARC will develop fall 2017. Using these tools will ensure that they meet the assessment requirements and have a standard template to follow. When possible, units will create objectives that measure student learning outcomes, but it is recognized that the majority of the objectives will focus on services that the unit provides.

At a minimum, the non-academic unit assessments should focus on the following essential components:

- The unit's Mission Statement, which should be aligned with ISU's mission and core theme priorities
- The unit's Objectives, which are aligned with the core themes and should reflect the essential functions or activities of the unit
- The Expected Outcomes, which may be learning and/or process outcomes
    - Focus on a current service, process, or instruction (Student Learning Outcome)
    - Be under the control of or responsibility of the unit
    - Be measurable/ascertainable
    - Lend itself to improvements
    - Be singular, not "bundled"
    - Be meaningful and not trivial
    - Not lead to "yes/no" answer
- Measurable Performance Criteria, which describe the desired result
    - Efficiency
    - Accuracy
    - Effectiveness
    - Satisfaction
    - Quality
    - Comprehensiveness
    - Compliance
- Assessment, the collection, and analysis of evidence
- Evaluation, the interpretation of evidence

- Planned Improvements, developed in response to assessment evidence and including an implementation timeline

Evaluations

Units will receive internal evaluations by an ISU evaluation team every five years. The evaluation team will be established in Fall 2017, and will be comprised of a broad distribution of stakeholders across the University. Units will receive notification a year before its evaluation to prepare its self-study for the evaluation team. The self-study will be a report describing strengths and weaknesses found during the unit's evaluation of its objectives. The unit will provide an explanation of what action plans it implemented to address shortcomings and evidence of improvement. A unit will explain why if improvement to an outcome did't occur. Additionally, the unit will provide documentation that explains the changes made to the objectives or measures resulting from the annual reviews. The self-study is due four weeks before the evaluation.

The composition and training requirements of the evaluation team will be determined at a meeting in Fall 2017 and Institutional Effectiveness will provide updates to this document reflecting the change.

Non-Academic Unit Evaluation Calendar

Unit	Initial Notification	Evaluation	Standards
Student Affairs	September 2018	September 2019	CAS
Finance	September 2019	September 2020	
Human Resources	February 2020	February 2021	
Academic Affairs	September 2020	September 2021	CAS
Facilities & ITS	February 2021	February 2022	
Library	February 2021	February 2022	
Advancement	September 2021	September 2022	
Research	September 2022	September 2023	
Legal Counsel & Safety	February 2022	February 2024	
Athletics	February 2022	February 2024	

Appendix 1. GERC Flowchart.